

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Libertarian National Committee

ADDRESS (number and street)

2600 Virginia Ave NW

Suite 200

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20037

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255695

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2006

through

02

28

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Aaron Starr

Signature of Treasurer

Electronically Filed by Aaron Starr

Date

02

01

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Libertarian National Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>Y Y Y Y 2006</div>	<div>-14339.51</div>
(b) Cash on Hand at Beginning of Reporting Period .....	<div>10786.22</div>	
(c) Total Receipts (from Line 19) .....	<div>96742.29</div>	<div>189377.66</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<div>107528.51</div>	<div>175038.15</div>
7. Total Disbursements (from Line 31) .....	<div>94203.19</div>	<div>161712.83</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>13325.32</div>	<div>13325.32</div>
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>45.00</div>	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>138126.64</div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Libertarian National Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	28809.50	46011.50
(i) Itemized (use Schedule A) .....	59394.40	132930.27
(ii) Unitemized .....	88203.90	178941.77
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	0.00	800.00
(c) Other Political Committees (such as PACs) .....	88203.90	179741.77
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤		
12. Transfers From Affiliated/Other Party Committees .....	180.00	1277.50
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	4650.14	4650.14
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3708.25	3708.25
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	96742.29	189377.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	96742.29	189377.66

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	74415.51	141925.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	74415.51	141925.15
22. Transfers to Affiliated/Other Party Committees.....	19787.68	19787.68
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	94203.19	161712.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	94203.19	161712.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	88203.90	179741.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	88203.90	179741.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	74415.51	141925.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	4650.14	4650.14
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	69765.37	137275.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

A. Full Name (Last, First, Middle Initial)

James P Adams

Mailing Address 13099 Ginger Ct

City State Zip Code  
 Manassas VA 20112-4618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Renex Corp

Occupation  
Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.182718

Amount of Each Receipt this Period

500.00

Contribution

B. Full Name (Last, First, Middle Initial)

David Aitken

Mailing Address 1240 Ogden St  
 Apt 4

City State Zip Code  
 Denver CO 80218-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U2Logic

Occupation  
Computers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.182243

Amount of Each Receipt this Period

359.00

Contribution

C. Full Name (Last, First, Middle Initial)

Mett B Ausley

Mailing Address 3412 Waccamaw Shores Rd

City State Zip Code  
 Lake Waccamaw NC 28450-9442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress Pathology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.182621

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1159.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bernard Baltic Mailing Address 12550 Lake Ave Apt 1111 City Lakewood State OH Zip Code 44107-1569 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self employed Occupation Market Research Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt MM / DD / YYYY 02 / 14 / 2006 <b>Transaction ID:</b> SA11A1.182487 Amount of Each Receipt this Period 1500.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Ruth E. Bennett Mailing Address 4512 46th Ave S City Seattle State WA Zip Code 98118-1407 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Zuno Travel Occupation travel consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 359.00		Date of Receipt MM / DD / YYYY 02 / 22 / 2006 <b>Transaction ID:</b> SA11A1.183155 Amount of Each Receipt this Period 359.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Marla J. Bottemiller Mailing Address PO Box 40175 City Bellevue State WA Zip Code 98015-4175 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.00		Date of Receipt MM / DD / YYYY 02 / 08 / 2006 <b>Transaction ID:</b> SA11A1.181870 Amount of Each Receipt this Period 229.00 Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2088.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Carta Mailing Address 14 Sable Valley City 14 Sable Valley State TX Zip Code 78258 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Rancher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 02 / 07 / 2006 <b>Transaction ID:</b> SA11A1.182762 Amount of Each Receipt this Period 1000.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Allen E Chantelois Mailing Address 5555 N Meade St City Appleton State WI Zip Code 54913-8382 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CHN Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		Date of Receipt MM / DD / YYYY 02 / 01 / 2006 <b>Transaction ID:</b> SA11A1.182620 Amount of Each Receipt this Period 100.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Harold W Cheney Mailing Address 300 Pingree Dr City Worthington State OH Zip Code 43085-4039 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer OCLC Occupation Programmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt MM / DD / YYYY 02 / 01 / 2006 <b>Transaction ID:</b> SA11A1.182715 Amount of Each Receipt this Period 10.00 Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1110.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Thomas A Chervenak

Mailing Address 351 Lake Catherine Cir

City State Zip Code  
 Crossville TN 38558-3806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.182042

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** William Collins

Mailing Address 505 Mallory Ct

City State Zip Code  
 El Paso TX 79912-4228

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highlands Regional, LP

Occupation  
Healthcare CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.181337

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Douglas B Cox

Mailing Address 860 University Ridge Dr

City State Zip Code  
 Reno NV 89512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mixed Signal Integration

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.181191

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial)  
John P Cunningham  
Mailing Address 335 Washington St

City State Zip Code  
Norwell MA 02061-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J. Cunningham & Assoc.

Occupation  
Computer Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.180895

Amount of Each Receipt this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Jeremy S Davis  
Mailing Address 7539 Brompton St

City State Zip Code  
Houston TX 77025-2267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.182295

Amount of Each Receipt this Period

500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
David DePriest  
Mailing Address 2632 Shadow Bluff Dr NE

City State Zip Code  
Marietta GA 30062-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DePriest Associates, Inc.

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.180978

Amount of Each Receipt this Period

10.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

A. Full Name (Last, First, Middle Initial)

Victor Dostrow

Mailing Address PO Box 1320

City State Zip Code  
 Ridgeland MS 39158-1320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MS State Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.182625

Amount of Each Receipt this Period

359.00

Contribution

B. Full Name (Last, First, Middle Initial)

Melodee Eby

Mailing Address 624 N Longford Ln

City State Zip Code  
 Wichita KS 67206-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.182206

Amount of Each Receipt this Period

250.00

Contribution

C. Full Name (Last, First, Middle Initial)

Christopher Edgar

Mailing Address 501 Forest Ave Apt 706

City State Zip Code  
 Palo Alto CA 94301-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.182297

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1109.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

<b>A.</b> Full Name (Last, First, Middle Initial) William H. Eustis Mailing Address 703 N 51st Ave City State Zip Code Yakima WA 98908-2516 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.181361 Amount of Each Receipt this Period 500.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) John P. Evans Mailing Address 515 Lake St S Apt 305 City State Zip Code Kirkland WA 98033-6446 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Solutions, IQ Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.180996 Amount of Each Receipt this Period 250.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) William Ferry Mailing Address 322 Florence Ct City State Zip Code Bay Village OH 44140-1213 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Pierce for Governor Occupation Campaign Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1267.50		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.183628 Amount of Each Receipt this Period 1267.50 Contribution

SUBTOTAL of Receipts This Page (optional) .....

2017.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Libertarian National Committee

<b>A.</b> Full Name (Last, First, Middle Initial) William W Hall			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 11002 Stegman Forest Ct NE			<b>Transaction ID:</b> SA11A1.180764	
City State Zip Code Rockford MI 49341-8742		Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer Warner Norcross & Judd LLP		Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 590.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Vince Hanke			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address 6795 Sunbriar Dr			<b>Transaction ID:</b> SA11A1.182665	
City State Zip Code Cumming GA 30040-6589		Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer V & L Management Co		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Wayne E Harley			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address 1315 Richmond Dr			<b>Transaction ID:</b> SA11A1.183002	
City State Zip Code Melbourne FL 32935-5325		Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer Rockwell Collins Avionics		Occupation Sr Eng Test Technician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

**SUBTOTAL** of Receipts This Page (optional) .....

645.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

A. Full Name (Last, First, Middle Initial)

Sharon Harris

Mailing Address 12 Indian Ridge Ct

City State Zip Code  
 Rydal GA 30171-1660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocates for Self Gov't

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.183626

Amount of Each Receipt this Period

1325.00

Contribution

B. Full Name (Last, First, Middle Initial)

Bert G Hassler

Mailing Address 128 Elkins Ave

City State Zip Code  
 Arcadia CA 91006-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.182342

Amount of Each Receipt this Period

200.00

Contribution

C. Full Name (Last, First, Middle Initial)

Ken Heinemann

Mailing Address 611 W Via Alamos

City State Zip Code  
 Green Valley AZ 85614-3971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.182191

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial)

Gregory T Hertzsch

Mailing Address 120 Hills Dr

City State Zip Code  
 Clarksville IN 47129-2539

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Vivid Impact, Inc.

Occupation  
Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.181090

Amount of Each Receipt this Period

10.00

Contribution

**B.** Full Name (Last, First, Middle Initial)

Rob Hodgkinson

Mailing Address 16310 Kenneth Rd

City State Zip Code  
 Stilwell KS 66085-9059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.181782

Amount of Each Receipt this Period

1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)

John M Inks

Mailing Address 49 Showers Dr  
 # W-314

City State Zip Code  
 Mountain View CA 94040-1408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.182209

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2010.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Clint Jones Mailing Address 2241 S Lowell Blvd City State Zip Code Denver CO 80219-5306 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Down to Earth Inc Occupation Owner/Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.182603 Amount of Each Receipt this Period 250.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Daniel M. Karlan Mailing Address 97 Manhattan Ave City State Zip Code Waldwick NJ 07463-2228 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self employed Occupation Author Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 459.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.181842 Amount of Each Receipt this Period 359.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel M. Karlan Mailing Address 97 Manhattan Ave City State Zip Code Waldwick NJ 07463-2228 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self employed Occupation Author Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 559.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.182010 Amount of Each Receipt this Period 100.00 Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

709.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

A. Full Name (Last, First, Middle Initial)

Jeremy Keil

Mailing Address 5620 S Denis Ct

City State Zip Code  
Hales Corners WI 53130-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thrivent Financial

Occupation  
Financial Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.181291

Amount of Each Receipt this Period

25.00

Contribution

B. Full Name (Last, First, Middle Initial)

Erik C Kelley

Mailing Address 6617 S Palm Dr

City State Zip Code  
Tempe AZ 85283-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Laboratory Corp. of Ameri-  
ca

Occupation  
Medical Lab Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.182512

Amount of Each Receipt this Period

150.00

Contribution

C. Full Name (Last, First, Middle Initial)

Brendan Kelly

Mailing Address 17 Ayer Cir

City State Zip Code  
Seabrook NH 03874-4002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Wrecker Svcs

Occupation  
Dispatcher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.181074

Amount of Each Receipt this Period

359.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

534.00

**TOTAL** This Period (last page this line number only) .....

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

**A.**

Full Name (Last, First, Middle Initial)

Brendan Kelly

Mailing Address 17 Ayer Cir

City

Seabrook

State

NH

Zip Code

03874-4002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Wrecker Svcs

Occupation

Dispatcher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.181075

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Douglas C. Klippel

Mailing Address 8267 Persimmon Hill Ln

City

Jacksonville

State

FL

Zip Code

32256-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hogan Assessment Systems

Occupation

Manager of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.182480

Amount of Each Receipt this Period

30.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Philip Koerper

Mailing Address 1085 Chinoe Rd

City

Lexington

State

KY

Zip Code

40502-3009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anesthesia Physicians Care

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.180718

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Karen Lake Mailing Address 411 Theadore Ave City Rye State NY Zip Code 10580 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lake Media Group Occupation Editor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 660.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.183632 Amount of Each Receipt this Period 660.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Benjamin H Lane Mailing Address 4829 Colonnades Cir E City Lakeland State FL Zip Code 33811-1526 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.182207 Amount of Each Receipt this Period 250.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Benjamin H Lane Mailing Address 4829 Colonnades Cir E City Lakeland State FL Zip Code 33811-1526 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.182293 Amount of Each Receipt this Period 100.00 Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1010.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Gerhard Langguth Mailing Address 711 E Parkway Dr City Russellville State AR Zip Code 72801-4201 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt MM / DD / YYYY 02 / 07 / 2006 <b>Transaction ID:</b> SA11A1.181840 Amount of Each Receipt this Period 100.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Alice Lillie Mailing Address 50 Emery St # 4E City Pahrump State NV Zip Code 89048-4668 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 359.00		Date of Receipt MM / DD / YYYY 02 / 10 / 2006 <b>Transaction ID:</b> SA11A1.181893 Amount of Each Receipt this Period 359.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Harland A Machia Mailing Address 31 Townline Rd City Grand Isle State VT Zip Code 05458-2563 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Software Developer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt MM / DD / YYYY 02 / 01 / 2006 <b>Transaction ID:</b> SA11A1.182949 Amount of Each Receipt this Period 90.00 Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

549.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Harland A Machia Mailing Address 31 Townline Rd City State Zip Code Grand Isle VT 05458-2563 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Software Developer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.00			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.182950 Amount of Each Receipt this Period 500.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Harland A Machia Mailing Address 31 Townline Rd City State Zip Code Grand Isle VT 05458-2563 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Software Developer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 830.00			Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.182952 Amount of Each Receipt this Period 100.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) David Macko Mailing Address 28810 Cannon Rd City State Zip Code Solon OH 44139-1556 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer none Occupation retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 369.00			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.181843 Amount of Each Receipt this Period 359.00 Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

**959.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

A. Full Name (Last, First, Middle Initial)

David R Mason

Mailing Address 2234 E Crosby Rd

City State Zip Code  
 Carrollton TX 75006-7744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Verizon Wireless

Occupation  
Telecom Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.183135

Amount of Each Receipt this Period

200.00

Contribution

B. Full Name (Last, First, Middle Initial)

Charles W. McConnell

Mailing Address 1282 Smallwood Dr W  
 # 504

City State Zip Code  
 Waldorf MD 20603-4732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.182208

Amount of Each Receipt this Period

500.00

Contribution

C. Full Name (Last, First, Middle Initial)

Chuck E. Moulton

Mailing Address 1036 Hemlock Dr

City State Zip Code  
 Blue Bell PA 19422-1572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auburn University

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.183318

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Glenn L Nielsen Mailing Address 1901 E Walnut St Apt 12 City Columbia State MO Zip Code 65201-6445 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Univ. of MO System Occupation Computer Programmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.180930 Amount of Each Receipt this Period 30.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) William B Redpath Mailing Address 827 Anthony Ct SE City Leesburg State VA Zip Code 20175-5629 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer BIA Financial Network, Inc. Occupation Financial Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.68		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.181289 Amount of Each Receipt this Period 359.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Leslie Rose Mailing Address 330 S Ocean Blvd Apt 3B City Palm Beach State FL Zip Code 33480-4263 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.182298 Amount of Each Receipt this Period 1000.00 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		1389.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** David J. Ross

Mailing Address 3624 Knolls Bend Ct

City State Zip Code  
 Doylestown PA 18901-6502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Martek

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.182491

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Kelley L. Ross

Mailing Address 13403 Weddington St

City State Zip Code  
 Sherman Oaks CA 91401-5928

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LA Valley College

Occupation  
College Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.180879

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Rene Antonio Ruiz

Mailing Address 3 Chilcott PI # 2

City State Zip Code  
 Jamaica Plain MA 02130-4512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Index Solutions

Occupation  
programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.182709

Amount of Each Receipt this Period

1300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial)  
Mary Ruwart  
Mailing Address 109 Latigo Drive

City State Zip Code  
Burnet TX 78611-5921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Healing Our World Books

Occupation  
Owner - Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.181755

Amount of Each Receipt this Period

50.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Emily H. Salvette  
Mailing Address 2016 Devonshire Rd

City State Zip Code  
Ann Arbor MI 48104-4058

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed/Works At Home

Occupation  
Domestic Caregiver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.181871

Amount of Each Receipt this Period

359.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Emily H. Salvette  
Mailing Address 2016 Devonshire Rd

City State Zip Code  
Ann Arbor MI 48104-4058

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed/Works At Home

Occupation  
Domestic Caregiver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

959.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.182057

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

459.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

A. Abby &amp; Julie Sheppard

Mailing Address 1301 N Woodrow Ave

City

Wichita

State

KS

Zip Code

67203-3066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.182245

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. John Shuey

Mailing Address 4457 Young Dr

City

Carrollton

State

TX

Zip Code

75010-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.182059

Amount of Each Receipt this Period

359.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kenneth M Sims

Mailing Address PO Box 93893

City

Las Vegas

State

NV

Zip Code

89193-3893

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Wine and Spirits  
of Nevada

Occupation

Computer Programmer

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.180927

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1359.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

A. Full Name (Last, First, Middle Initial)

Jeffrey S Skinner

Mailing Address PO Box 7007

City State Zip Code  
 Northridge CA 91327-7007

FEC ID number of contributing federal political committee.

C

Name of Employer  
Prism Mgt Co IncOccupation  
Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.180684

Amount of Each Receipt this Period

450.00

Contribution

B. Full Name (Last, First, Middle Initial)

Lawrence C Stanback

Mailing Address 680 Mission St Apt 38H

City State Zip Code  
 San Francisco CA 94105-4046

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.182383

Amount of Each Receipt this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)

Robert Sullentrop

Mailing Address 140 Hunters Rdg

City State Zip Code  
 Saint Charles MO 63301-0427

FEC ID number of contributing federal political committee.

C

Name of Employer  
CollaboratechOccupation  
Computer Tech.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.180955

Amount of Each Receipt this Period

359.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

1809.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

A. Kevin H Takenaga

Mailing Address PO Box 64479

City State Zip Code  
 Sunnyvale CA 94088-4479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Development Setup, Inc.

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.181834

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

B. Charles D Test

Mailing Address 2710 2nd Ave S

City State Zip Code  
 Minneapolis MN 55408-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Landlord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.181771

Amount of Each Receipt this Period

150.00

Contribution

Full Name (Last, First, Middle Initial)

C. Charles D Test

Mailing Address 2710 2nd Ave S

City State Zip Code  
 Minneapolis MN 55408-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Landlord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.182286

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Anthony Torres		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 2020 Peach Orchard Dr Apt 14		<b>Transaction ID:</b> SA11A1.183263
City Falls Church	State VA	Zip Code 22043-2047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 399.00	Contribution

<b>B.</b> Full Name (Last, First, Middle Initial) Nicholas Vakula		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 5235 E Cholla St		<b>Transaction ID:</b> SA11A1.182344
City Scottsdale	State AZ	Zip Code 85254-4718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	Contribution

<b>C.</b> Full Name (Last, First, Middle Initial) Paul V Wagner		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 509 Country Club Dr		<b>Transaction ID:</b> SA11A1.182601
City Pearisburg	State VA	Zip Code 24134-2011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Direct Sports Supply Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date ▼ 250.00	Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 158

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Warden Mailing Address 9310 Ram Cliffs Pl City Las Vegas State NV Zip Code 89178-3533 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Perma-Bilt Homes Occupation Real Estate Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 220.00			Date of Receipt MM / DD / YYYY 02 / 08 / 2006 <b>Transaction ID:</b> SA11A1.182774 Amount of Each Receipt this Period 200.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) George R. Whitfield Mailing Address 45107 Tarney Wood Dr City Portsmouth State VA Zip Code 23703-0000 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Halcyon Search International Occupation Executive Search Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 335.00			Date of Receipt MM / DD / YYYY 02 / 13 / 2006 <b>Transaction ID:</b> SA11A1.181260 Amount of Each Receipt this Period 250.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Peter M. Wilkie Mailing Address 3229 97th Dr SE City Everett State WA Zip Code 98205-3005 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 429.00			Date of Receipt MM / DD / YYYY 02 / 07 / 2006 <b>Transaction ID:</b> SA11A1.182819 Amount of Each Receipt this Period 359.00 Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

809.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 158

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Libertarian National Committee

**A.**

Full Name (Last, First, Middle Initial)

Leonard C Zimmermann

Mailing Address 4630 Jasper St

City

Metairie

State

LA

Zip Code

70006-2713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ultimate Solutions, Inc

Occupation

Systems Administrator

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.183066

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

28809.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 158

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

A. Full Name (Last, First, Middle Initial)  
LIBERTARIAN PARTY OF WASHINGTON STATE

Mailing Address 400 NE 45TH ST SUITE 1776

City State Zip Code  
SEATTLE WA 98105

FEC ID number of contributing  
federal political committee.

C C00385005

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: SA12.183625

Amount of Each Receipt this Period

180.00

Transfer

SUBTOTAL of Receipts This Page (optional) .....

180.00

TOTAL This Period (last page this line number only) .....

180.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

**A.**

Full Name (Last, First, Middle Initial)

BentleyForbes Watergate LLC

Mailing Address PO Box 73378

City

Cleveland

State

OH

Zip Code

44193-3378

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 6

Transaction ID: SA15.183622

Amount of Each Receipt this Period

4570.00

Rent Rebate

**SUBTOTAL** of Receipts This Page (optional) .....

4570.00

**TOTAL** This Period (last page this line number only) .....

4570.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial)  
National Electronic Type, Inc

Mailing Address 2320 S. Kansas Ave

City State Zip Code  
Topeka KS 66611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3708.25

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: SA17.183624

Amount of Each Receipt this Period

3708.25

Purchase of LP Material  
Sales Inventory

**SUBTOTAL** of Receipts This Page (optional) .....

3708.25

**TOTAL** This Period (last page this line number only) .....

3708.25

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 158

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Advanced Mailing Services, LLC

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191-3550

Purpose of Disbursement  
Party Related Non Cand Printing/Mailing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183363

Date of Disbursement

02 / 10 / 2006

Amount of Each Disbursement this Period

1496.82

Full Name (Last, First, Middle Initial)

**B.** Advanced Mailing Services, LLC

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191-3550

Purpose of Disbursement  
Party Related Non Cand Printing/Mailing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183547

Date of Disbursement

02 / 10 / 2006

Amount of Each Disbursement this Period

1167.35

Full Name (Last, First, Middle Initial)

**C.** Advanced Mailing Services, LLC

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191-3550

Purpose of Disbursement  
Party Related Non Cand Printing/Mailing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183548

Date of Disbursement

02 / 10 / 2006

Amount of Each Disbursement this Period

1233.27

**SUBTOTAL** of Disbursements This Page (optional) .....

3897.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 158

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** American Express Card -42007

Mailing Address PO Box 1270

City  
Newark

State  
NJ

Zip Code  
07101-1270

Purpose of Disbursement  
See Attached Memos

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183530

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

4585.03

Full Name (Last, First, Middle Initial)

**B.** Accurant

Mailing Address P.O. Box 538358

City  
Atlanta

State  
GA

Zip Code  
30353-8358

Purpose of Disbursement  
Donor Address Finder Non Candidate

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183530.1

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

281.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Accurant

Mailing Address P.O. Box 538358

City  
Atlanta

State  
GA

Zip Code  
30353-8358

Purpose of Disbursement  
Donor Address Finder Non Candidate

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183530.2

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

205.85

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

4585.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** American Express Card -42007

Mailing Address PO Box 1270

City  
Newark

State  
NJ

Zip Code  
07101-1270

Purpose of Disbursement  
Finance Charge

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183530.3

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

90.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** America West Airlines

Mailing Address 400 East Sky Harbor Blvd

City  
Phoenix

State  
AZ

Zip Code  
85034

Purpose of Disbursement  
Employee Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183530.4

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

717.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Central Parking System

Mailing Address PO Box 17505  
 Attn: Monthly Accts Dept.

City  
Baltimore

State  
MD

Zip Code  
21297-1505

Purpose of Disbursement  
Parking Space Rental

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183530.5

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

550.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. Everyones Internet**

Mailing Address 2600 Southwest Freeway  
Suite 500

City Houston State TX Zip Code 77058

Purpose of Disbursement  
Website Server Maintenance

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183530.8

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

299.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Google Ad Works**

Mailing Address 1600 Amphitheatre Parkway

City Mt. View State CA Zip Code 94043-1351

Purpose of Disbursement  
Website Directory Services

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183530.9

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

1124.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. SHAREITINFO.COM**

Mailing Address 9625 West 76th Street

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Flashcard Server Purchase

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183530.10

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

369.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. Video Monitoring Services**

Mailing Address 330 West 42nd Street

City  
New York

State  
NY

Zip Code  
10036

Purpose of Disbursement  
Media Monitoring Service

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183530.11

Date of Disbursement

/   /

Amount of Each Disbursement this Period

597.00

[MEMO ITEM]

## **B. American National Insurance Co.**

Mailing Address Attn: Lea Pollack  
P. O. Box 1830 - Pension Dept.

City  
Galveston

State  
TX

Zip Code  
77550-1830

Purpose of Disbursement  
LNC 401K Contributions

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183366

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1055.21

## **C. Anthem Blue Cross Blue Shield**

Mailing Address PO Box 79127

City  
Baltimore

State  
MD

Zip Code  
21279-1273

Purpose of Disbursement  
Employee Medical

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183367

Date of Disbursement

/   /

Amount of Each Disbursement this Period

558.75

**SUBTOTAL** of Disbursements This Page (optional) .....

1613.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** BentleyForbes Watergate LLC

Mailing Address PO Box 73378

City  
Cleveland

State  
OH

Zip Code  
44193-3378

Purpose of Disbursement  
Office Rent

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183369

Date of Disbursement

02 / 01 / 2006

Amount of Each Disbursement this Period

8959.77

Full Name (Last, First, Middle Initial)

**B.** Blackbaud

Mailing Address P.O. Box 930256

City  
Atlanta

State  
GA

Zip Code  
31193-0256

Purpose of Disbursement  
Que Software Licensing Fee 1/06-12/06

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183550

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

3347.06

Full Name (Last, First, Middle Initial)

**C.** CareFirst BlueChoice (Sam New)

Mailing Address P.O. Box 79749

City  
Baltimore

State  
MD

Zip Code  
21279-0749

Purpose of Disbursement  
Employee Medical

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183371

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

166.00

**SUBTOTAL** of Disbursements This Page (optional) .....

12472.83

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 158

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** J. Daniel Cloud

Mailing Address 1013 Price Ave

City  
Columbia

State  
SC

Zip Code  
29201-1857

Purpose of Disbursement  
LP News Writing Non Candidate

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183552

Date of Disbursement

02 / 01 / 2006

Amount of Each Disbursement this Period

1750.00

Full Name (Last, First, Middle Initial)

**B.** J. Daniel Cloud

Mailing Address 1013 Price Ave

City  
Columbia

State  
SC

Zip Code  
29201

Purpose of Disbursement  
Party Writing and Editing Services Non C

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183373

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C.** Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City  
Sterling

State  
VA

Zip Code  
20166-6501

Purpose of Disbursement  
Office Copier Maintenance

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183554

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

155.02

**SUBTOTAL** of Disbursements This Page (optional) .....

5405.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Shane Cory

Mailing Address 5 Burwell Place

City  
Stafford

State  
VA

Zip Code  
22554

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183378

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

2091.81

Full Name (Last, First, Middle Initial)

**B.** Shane Cory

Mailing Address 5 Burwell Place

City  
Stafford

State  
VA

Zip Code  
22554

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183379

Date of Disbursement

02 / 22 / 2006

Amount of Each Disbursement this Period

2091.82

Full Name (Last, First, Middle Initial)

**C.** Matthew T Dailey

Mailing Address 3515 Washington Blvd #511

City  
Arlington

State  
VA

Zip Code  
22201

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183381

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

946.62

**SUBTOTAL** of Disbursements This Page (optional) .....

5130.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Matthew T Dailey

Mailing Address 3515 Washington Blvd #511

City  
Arlington

State  
VA

Zip Code  
22201

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.183382

Date of Disbursement

/   /

Amount of Each Disbursement this Period

898.62

Full Name (Last, First, Middle Initial)

**B.** DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
DC - Admin. Funding Assessment

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.183383

Date of Disbursement

/   /

Amount of Each Disbursement this Period

23.61

Full Name (Last, First, Middle Initial)

**C.** DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
DC - Unemployment Company

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.183386

Date of Disbursement

/   /

Amount of Each Disbursement this Period

188.92

**SUBTOTAL** of Disbursements This Page (optional) .....

1111.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. DC Office of Tax & Revenue**

Mailing Address 941 North Capitol St, NE 6th Flr

City Washington State DC Zip Code 20002

Purpose of Disbursement  
DC - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183389

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

125.00

Full Name (Last, First, Middle Initial)

## **B. DC Office of Tax & Revenue**

Mailing Address 941 North Capitol St, NE 6th Flr

City Washington State DC Zip Code 20002

Purpose of Disbursement  
DC - Admin. Funding Assessment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183384

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

1.67

Full Name (Last, First, Middle Initial)

## **C. DC Office of Tax & Revenue**

Mailing Address 941 North Capitol St, NE 6th Flr

City Washington State DC Zip Code 20002

Purpose of Disbursement  
DC - Unemployment Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183387

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

13.34

**SUBTOTAL** of Disbursements This Page (optional) .....

140.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. DC Office of Tax & Revenue**

Mailing Address 941 North Capitol St, NE 6th Flr

City Washington State DC Zip Code 20002

Purpose of Disbursement  
DC - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183390

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

36.00

Full Name (Last, First, Middle Initial)

## **B. DC Office of Tax & Revenue**

Mailing Address 941 North Capitol St, NE 6th Flr

City Washington State DC Zip Code 20002

Purpose of Disbursement  
DC - Admin. Funding Assessment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183385

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

23.01

Full Name (Last, First, Middle Initial)

## **C. DC Office of Tax & Revenue**

Mailing Address 941 North Capitol St, NE 6th Flr

City Washington State DC Zip Code 20002

Purpose of Disbursement  
DC - Unemployment Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183388

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

43.51

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

102.52

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. DC Office of Tax & Revenue**

Mailing Address 941 North Capitol St, NE 6th Flr

City Washington State DC Zip Code 20002

Purpose of Disbursement  
DC - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183391

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. De Lage Landen Financial**

Mailing Address PO Box 41601

City Philadelphia State PA Zip Code 19101-1601

Purpose of Disbursement  
Equipment Lease

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183555

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

1.43

Full Name (Last, First, Middle Initial)

## **C. De Lage Landen Financial**

Mailing Address PO Box 41601

City Philadelphia State PA Zip Code 19101-1601

Purpose of Disbursement  
Equipment Lease

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183556

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

517.12

**SUBTOTAL** of Disbursements This Page (optional) .....

618.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** De Lage Landen Financial

Mailing Address PO Box 41601

City  
Philadelphia

State  
PA

Zip Code  
19101-1601

Purpose of Disbursement  
Equipment Lease

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183557

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

517.12

Full Name (Last, First, Middle Initial)

**B.** De Lage Landen Financial

Mailing Address PO Box 41601

City  
Philadelphia

State  
PA

Zip Code  
19101-1601

Purpose of Disbursement  
Equipment Lease

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183558

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

124.51

Full Name (Last, First, Middle Initial)

**C.** Susan M Dickson

Mailing Address 3410 Vineland Place

City  
Dumfries

State  
VA

Zip Code  
22026

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183393

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

780.83

**SUBTOTAL** of Disbursements This Page (optional) .....

1422.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Susan M Dickson

Mailing Address 3410 Vineland Place

City Dumfries State VA Zip Code 22026

Purpose of Disbursement

Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183394

Date of Disbursement

02 / 22 / 2006

Amount of Each Disbursement this Period

761.02

Full Name (Last, First, Middle Initial)

**B.** Gladis A Douwopka

Mailing Address 311 Dawsons Ave, Apt #6

City Rockville State MD Zip Code 20850

Purpose of Disbursement

Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183395

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

675.02

Full Name (Last, First, Middle Initial)

**C.** Gladis A Douwopka

Mailing Address 311 Dawsons Ave, Apt #6

City Rockville State MD Zip Code 20850

Purpose of Disbursement

Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183396

Date of Disbursement

02 / 22 / 2006

Amount of Each Disbursement this Period

679.76

**SUBTOTAL** of Disbursements This Page (optional) .....

2115.80

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** ENTCO Int. Inc

Mailing Address 20016 Cedar Valley Road

City  
Lynnwood

State  
WA

Zip Code  
98036

Purpose of Disbursement  
Convention Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183560

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Federal Unemployment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183398

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

85.84

Full Name (Last, First, Middle Initial)

**C.** Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Federal Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183401

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

944.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3029.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Medicare Company

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183404

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

171.21

Full Name (Last, First, Middle Initial)

## **B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Medicare Employee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183407

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

171.21

Full Name (Last, First, Middle Initial)

## **C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Social Security Company

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183410

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

732.05

**SUBTOTAL** of Disbursements This Page (optional) .....

1074.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Social Security Employee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183413

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

732.05

Full Name (Last, First, Middle Initial)

## **B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Federal Unemployment

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183399

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

6.67

Full Name (Last, First, Middle Initial)

## **C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Federal Withholding

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183402

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

58.00

**SUBTOTAL** of Disbursements This Page (optional) .....

796.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Medicare Company

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183405

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

12.09

Full Name (Last, First, Middle Initial)

## **B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Medicare Employee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183408

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

12.09

Full Name (Last, First, Middle Initial)

## **C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Social Security Company

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183411

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

51.69

**SUBTOTAL** of Disbursements This Page (optional) .....

75.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Social Security Employee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183414

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

51.69

Full Name (Last, First, Middle Initial)

## **B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Federal Unemployment

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183400

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

70.48

Full Name (Last, First, Middle Initial)

## **C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Federal Withholding

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183403

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

873.00

**SUBTOTAL** of Disbursements This Page (optional) .....

995.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Medicare Company

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183406

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

166.77

Full Name (Last, First, Middle Initial)

## **B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Medicare Employee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183409

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

166.77

Full Name (Last, First, Middle Initial)

## **C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Social Security Company

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183412

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

713.10

**SUBTOTAL** of Disbursements This Page (optional) .....

1046.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. Louis

State  
MO

Zip Code  
63197-0030

Purpose of Disbursement  
Social Security Employee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183415

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

713.10

Full Name (Last, First, Middle Initial)

## **B. Graham P Garlinghouse**

Mailing Address 2031 F St. NW #201

City  
Washington

State  
DC

Zip Code  
20052

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183418

Date of Disbursement

02 / 22 / 2006

Amount of Each Disbursement this Period

124.83

Full Name (Last, First, Middle Initial)

## **C. Indiana Department of Workplace Developme**

Mailing Address 10 N. Senate Ave Rm SE-200

City  
Indianapolis

State  
IN

Zip Code  
46204-2277

Purpose of Disbursement  
Payroll Tax Penalty

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183420

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

275.24

**SUBTOTAL** of Disbursements This Page (optional) .....

1113.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 158

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Robert S Kraus

Mailing Address 5375 Duke Street  
Apt 905

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183421

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

1265.52

Full Name (Last, First, Middle Initial)

**B.** Robert S Kraus

Mailing Address 5375 Duke Street  
Apt 905

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183422

Date of Disbursement

02 / 22 / 2006

Amount of Each Disbursement this Period

1265.52

Full Name (Last, First, Middle Initial)

**C.** John V LaBeaume

Mailing Address 1906 R St NW #12

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183423

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

494.63

**SUBTOTAL** of Disbursements This Page (optional) .....

3025.67

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 158

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** John V LaBeaume

Mailing Address 1906 R St NW #12

City  
Washington

State  
DC

Zip Code  
20009

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183424

Date of Disbursement

02 / 16 / 2006

Amount of Each Disbursement this Period

675.98

Full Name (Last, First, Middle Initial)

**B.** John V LaBeaume

Mailing Address 1906 R St NW #12

City  
Washington

State  
DC

Zip Code  
20009

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183425

Date of Disbursement

02 / 22 / 2006

Amount of Each Disbursement this Period

442.90

Full Name (Last, First, Middle Initial)

**C.** MAMSI - UnitedHealth (WFG)

Mailing Address PO Box 42924

City  
Philadelphia

State  
PA

Zip Code  
19101-2924

Purpose of Disbursement  
Employee Medical

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183493

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

241.76

**SUBTOTAL** of Disbursements This Page (optional) .....

1360.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. Merchant Services**

Mailing Address 890 Mountain Ave

City  
New Providence

State  
NJ

Zip Code  
07974-0000

Purpose of Disbursement  
Merchant Services Finc Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183494

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

1592.24

## **B. Sara P Neugroschel**

Mailing Address 2350 H St NW #904

City  
Washington

State  
DC

Zip Code  
20052

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183495

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

334.49

## **C. Sara P Neugroschel**

Mailing Address 2350 H St NW #904

City  
Washington

State  
DC

Zip Code  
20052

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183496

Date of Disbursement

02 / 22 / 2006

Amount of Each Disbursement this Period

183.86

**SUBTOTAL** of Disbursements This Page (optional) .....

2110.59

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Samuel P New

Mailing Address 1227 1/2 Massachusetts Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183497

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

1008.17

Full Name (Last, First, Middle Initial)

**B.** Samuel P New

Mailing Address 1227 1/2 Massachusetts Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183498

Date of Disbursement

02 / 22 / 2006

Amount of Each Disbursement this Period

935.39

Full Name (Last, First, Middle Initial)

**C.** PNC Bank

Mailing Address 2600 Virginia Ave NW

City Washington State DC Zip Code 20037

Purpose of Disbursement  
Bank Service Charges

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183499

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

195.36

**SUBTOTAL** of Disbursements This Page (optional) .....

2138.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 158

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** PNC Bank

Mailing Address 2600 Virginia Ave NW

City  
Washington

State  
DC

Zip Code  
20037

Purpose of Disbursement

Bank Service Charges

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183500

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

**B.** Postmaster - Walton Press

Mailing Address Walton Press  
402 Mavfield Dr

City  
Monroe

State  
GA

Zip Code  
30655

Purpose of Disbursement

Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183501

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

2574.44

Full Name (Last, First, Middle Initial)

**C.** Prospect Tech

Mailing Address 3246 Prospect St NW

City  
Washington

State  
DC

Zip Code  
20007

Purpose of Disbursement

Network and Telephone Systems Maintenan

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183611

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

2919.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5505.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183503

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

5.41

## **B. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183504

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

7.50

## **C. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183505

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional) .....

22.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 158

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183506

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

## **B. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183507

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

## **C. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183508

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

51.50

**SUBTOTAL** of Disbursements This Page (optional) .....

76.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183509

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

0.72

Full Name (Last, First, Middle Initial)

## **B. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183510

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

12.50

Full Name (Last, First, Middle Initial)

## **C. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183511

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

1.28

**SUBTOTAL** of Disbursements This Page (optional) .....

14.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 158

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183512

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

7.25

## **B. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183513

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

15.00

## **C. Marcus L Scribner**

Mailing Address 2212 Eye St., NW #401

City  
Washington

State  
DC

Zip Code  
20052

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183516

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

390.27

**SUBTOTAL** of Disbursements This Page (optional) .....

412.52

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Marcus L Scribner

Mailing Address 2212 Eye St., NW #401

City  
Washington

State  
DC

Zip Code  
20052

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183517

Date of Disbursement

02 / 22 / 2006

Amount of Each Disbursement this Period

270.21

Full Name (Last, First, Middle Initial)

**B.** Lorena K Seitz

Mailing Address 2350 H St NW

City  
Washington

State  
DC

Zip Code  
20052

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183519

Date of Disbursement

02 / 22 / 2006

Amount of Each Disbursement this Period

170.17

Full Name (Last, First, Middle Initial)

**C.** Chris D Thorman

Mailing Address 4527 Wilson Blvd #101

City  
Arlington

State  
VA

Zip Code  
22203

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183520

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

971.13

**SUBTOTAL** of Disbursements This Page (optional) .....

1411.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Chris D Thorman

Mailing Address 4527 Wilson Blvd #101

City  
Arlington

State  
VA

Zip Code  
22203

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.183521

Date of Disbursement

02 / 22 / 2006

Amount of Each Disbursement this Period

914.99

Full Name (Last, First, Middle Initial)

**B.** Ticketmaster

Mailing Address 1601 Elm St., Ste. 700

City  
Dallas

State  
TX

Zip Code  
75201

Purpose of Disbursement  
Merchant Services Finc Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.183522

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

1592.24

Full Name (Last, First, Middle Initial)

**C.** VA Dept. of Taxation

Mailing Address PO Box 1278

City  
Richmond

State  
VA

Zip Code  
23218-1278

Purpose of Disbursement  
VA - Withholding

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.183524

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

341.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2848.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. VA Dept. of Taxation**

Mailing Address PO Box 1278

City Richmond State VA Zip Code 23218-1278

Purpose of Disbursement  
 VA - Unemployment Company

Candidate Name

001  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183523

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

4.36

Full Name (Last, First, Middle Initial)

## **B. VA Dept. of Taxation**

Mailing Address PO Box 1278

City Richmond State VA Zip Code 23218-1278

Purpose of Disbursement  
 VA - Withholding

Candidate Name

001  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183525

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

332.00

Full Name (Last, First, Middle Initial)

## **C. Walton Press**

Mailing Address 402 Mayfield Dr  
 PO Box 966

City Monroe State GA Zip Code 30655

Purpose of Disbursement  
 Party Related Non Candidate Printing

Candidate Name

003  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183526

Date of Disbursement

02 / 16 / 2006

Amount of Each Disbursement this Period

1529.28

**SUBTOTAL** of Disbursements This Page (optional) .....

1865.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Walton Press

Mailing Address 402 Mayfield Dr  
PO Box 966

City Monroe State GA Zip Code 30655

Purpose of Disbursement  
Party Related Non Candidate Printing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183613

Date of Disbursement

02 / 16 / 2006

Amount of Each Disbursement this Period

2115.74

Full Name (Last, First, Middle Initial)

**B.** Walton Press

Mailing Address 402 Mayfield Dr  
PO Box 966

City Monroe State GA Zip Code 30655

Purpose of Disbursement  
Party Related Non Candidate Printing and

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183527

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

301.83

Full Name (Last, First, Middle Initial)

**C.** Walton Press

Mailing Address 402 Mayfield Dr  
PO Box 966

City Monroe State GA Zip Code 30655

Purpose of Disbursement  
Party Related Non Candidate Printing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.183614

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

3328.43

**SUBTOTAL** of Disbursements This Page (optional) .....

5746.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Walton Press

Mailing Address 402 Mayfield Dr  
PO Box 966

City Monroe State GA Zip Code 30655

Purpose of Disbursement  
Party Related Non Candidate Printing and  
Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183528

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

22.75

Full Name (Last, First, Middle Initial)

**B.** WMATA - Metrochek

Mailing Address 600 Fifth St NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Metrocheks

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.183529

Date of Disbursement

02 / 14 / 2006

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional) .....

322.75

**TOTAL** This Period (last page this line number only) .....

73608.72

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. Libertarian Party of Alabama**

Mailing Address 2330 Highland Ave

City Birmingham State AL Zip Code 35205

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183563

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

275.00

Full Name (Last, First, Middle Initial)

## **B. Libertarian Party of Alaska**

Mailing Address PMB 373  
205 E Dimond Blvd

City Anchorage State AK Zip Code 99515

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183430

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

11.33

Full Name (Last, First, Middle Initial)

## **C. Libertarian Party of Alaska**

Mailing Address PMB 373  
205 E Dimond Blvd

City Anchorage State AK Zip Code 99515

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183564

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

102.00

**SUBTOTAL** of Disbursements This Page (optional) .....

388.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 158

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Arizona

Mailing Address 4802 E. Ray Road #23-255

City Phoenix State AZ Zip Code 85044

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183432

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

44.00

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Arizona

Mailing Address 4802 E. Ray Road #23-255

City Phoenix State AZ Zip Code 85044

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183565

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

396.00

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Arkansas

Mailing Address PO Box 15214

City Little Rock State AR Zip Code 72231

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183434

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

9.17

**SUBTOTAL** of Disbursements This Page (optional) .....

449.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Arkansas

Mailing Address PO Box 15214

City  
Little Rock

State  
AR

Zip Code  
72231

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183566

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

82.50

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of California

Mailing Address 14547 Titus St  
Suite 214

City  
Panorama City

State  
CA

Zip Code  
91402

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183435

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

365.17

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of California

Mailing Address 14547 Titus St, Suite 214

City  
Panorama City

State  
CA

Zip Code  
91402

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183567

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

3286.50

**SUBTOTAL** of Disbursements This Page (optional) .....

3734.17

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Colorado

Mailing Address 1425 Brentwood St

City  
Lakewood

State  
CO

Zip Code  
80214

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183568

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

721.00

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Connecticut

Mailing Address Attn: Andy Rule  
PO Box 2501

City  
Middletown

State  
CT

Zip Code  
06457-2501

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183439

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

27.67

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Connecticut

Mailing Address Attn: Andy Rule  
PO Box 2501

City  
Middletown

State  
CT

Zip Code  
06457-2501

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183570

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

249.00

**SUBTOTAL** of Disbursements This Page (optional) .....

997.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Delaware

Mailing Address P.O. Box 1472

City  
Dover

State  
DE

Zip Code  
19903-1472

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183441

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

6.54

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Delaware

Mailing Address P.O. Box 1472

City  
Dover

State  
DE

Zip Code  
19903-1472

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183571

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

58.88

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Florida

Mailing Address Libertarian Party of Florida  
5901 Pendragon Lane

City  
Fort Myers

State  
FL

Zip Code  
33912

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183443

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

121.08

**SUBTOTAL** of Disbursements This Page (optional) .....

186.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. Libertarian Party of Florida**

Mailing Address Libertarian Party of Florida  
5901 Pendragon Lane

City Fort Myers State FL Zip Code 33912

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183572

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

1089.75

Full Name (Last, First, Middle Initial)

## **B. LIBERTARIAN PARTY OF GEORGIA**

Mailing Address 1874 PIEDMONT RD SUITE 590-E

City ATLANTA State GA Zip Code 30324

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183573

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

1054.00

Full Name (Last, First, Middle Initial)

## **C. Libertarian Party of Hawaii**

Mailing Address 625 Keawe Street

City Honolulu State HI Zip Code 96813

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183446

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

7.75

**SUBTOTAL** of Disbursements This Page (optional) .....

2151.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A. Libertarian Party of Hawaii**

Mailing Address 625 Keawe Street

City  
Honolulu

State  
HI

Zip Code  
96813

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183575

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

69.75

Full Name (Last, First, Middle Initial)

## **B. Libertarian Party of Idaho**

Mailing Address c/of Gordon Wilmoth  
517 Coston

City  
Boise

State  
ID

Zip Code  
83712

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183447

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

9.08

Full Name (Last, First, Middle Initial)

## **C. Libertarian Party of Idaho**

Mailing Address c/of Gordon Wilmoth  
517 Coston

City  
Boise

State  
ID

Zip Code  
83712

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183577

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

81.75

**SUBTOTAL** of Disbursements This Page (optional) .....

160.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 158

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

## **A.** Libertarian Party of Illinois

Mailing Address c/of Jan Stover  
515 W. Main Street

City Greenville State IL Zip Code 62246

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183448

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

76.42

Full Name (Last, First, Middle Initial)

## **B.** Libertarian Party of Illinois

Mailing Address c/of Jan Stover  
515 W. Main Street

City Greenville State IL Zip Code 62246

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183578

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

687.75

Full Name (Last, First, Middle Initial)

## **C.** Libertarian Party of Indiana

Mailing Address 2587 S 250 E

City Shelbyville State IN Zip Code 46176-9310

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183579

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

657.50

**SUBTOTAL** of Disbursements This Page (optional) .....

1421.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Iowa

Mailing Address C/O Tim Hird  
3119 E Diehl Ave.

City Des Moines State IA Zip Code 50320

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183452

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

19.87

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Iowa

Mailing Address C/O Tim Hird  
3119 E Diehl Ave.

City Des Moines State IA Zip Code 50320

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183576

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

178.88

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Kansas

Mailing Address P.O. Box 2456

City Wichita State KS Zip Code 67201-2456

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183582

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

242.00

**SUBTOTAL** of Disbursements This Page (optional) .....

440.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Kentucky

Mailing Address 719 Talon Place

City  
Louisville

State  
KY

Zip Code  
40223

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183456

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

14.25

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Kentucky

Mailing Address 719 Talon Place

City  
Louisville

State  
KY

Zip Code  
40223

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183584

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

128.25

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Louisiana

Mailing Address P.O. Box 66301

City  
Baton Rouge

State  
LA

Zip Code  
70896-6301

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183458

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

15.92

**SUBTOTAL** of Disbursements This Page (optional) .....

158.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Louisiana

Mailing Address P.O. Box 66301

City  
Baton Rouge

State  
LA

Zip Code  
70896-6301

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183585

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

143.25

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Maine

Mailing Address P.O. Box 2020

City  
Biddeford

State  
ME

Zip Code  
04005-8020

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183460

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

11.92

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Maine

Mailing Address P.O. Box 2020

City  
Biddeford

State  
ME

Zip Code  
04005-8020

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183587

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

107.25

**SUBTOTAL** of Disbursements This Page (optional) .....

262.42

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Massachusetts

Mailing Address PMB #276, 203 Washington Street

City Salem State MA Zip Code 01970

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183461

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 0 2 / 2 0 0 6

Amount of Each Disbursement this Period

48.50

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Massachusetts

Mailing Address PMB #276, 203 Washington Street

City Salem State MA Zip Code 01970

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183586

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 0 2 / 2 0 0 6

Amount of Each Disbursement this Period

436.50

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Michigan

Mailing Address POB 27065

City Lansing State MI Zip Code 48924-7065

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183462

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 0 2 / 2 0 0 6

Amount of Each Disbursement this Period

81.83

**SUBTOTAL** of Disbursements This Page (optional) .....

566.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Michigan

Mailing Address POB 27065

City  
Lansing

State  
MI

Zip Code  
48924-7065

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183588

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

736.50

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Minnesota

Mailing Address P.O. Box 580774

City  
Minneapolis

State  
MN

Zip Code  
55458-0774

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183463

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

32.83

Full Name (Last, First, Middle Initial)

**C.** LIBERTARIAN PARTY OF MINNESOTA

Mailing Address PO BOX 580774

City  
Minneapolis

State  
MN

Zip Code  
55458-0774

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183589

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

295.50

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1064.83

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Mississippi

Mailing Address PMB 145, Suite 200  
1625 E. County Line Road

City Jackson State MS Zip Code 39211-1832

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183465

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

7.42

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Mississippi

Mailing Address PMB 145, Suite 200  
1625 E. County Line Road

City Jackson State MS Zip Code 39211-1832

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183591

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

66.75

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Missouri

Mailing Address P.O. Box 78623

City St Louis State MO Zip Code 63178-8623

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183467

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

33.25

**SUBTOTAL** of Disbursements This Page (optional) .....

107.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Missouri

Mailing Address P.O. Box 78623

City  
St Louis

State  
MO

Zip Code  
63178-8623

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183590

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

299.25

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Nebraska

Mailing Address Chris Costello  
2301 S 32nd Ave

City  
Omaha

State  
NE

Zip Code  
68105

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183427

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

8.50

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Nebraska

Mailing Address Chris Costello  
2301 S 32nd Ave

City  
Omaha

State  
NE

Zip Code  
68105

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183593

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

76.50

**SUBTOTAL** of Disbursements This Page (optional) .....

384.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Nevada

Mailing Address P.O. Box 94554

City  
Las Vegas

State  
NV

Zip Code  
89193-4554

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183468

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

27.04

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Nevada

Mailing Address P.O. Box 94554

City  
Las Vegas

State  
NV

Zip Code  
89193-4554

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183595

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

243.38

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of New Mexico

Mailing Address Ron Bjornstad  
918 Ivory Rd SE

City  
Rio Rancho

State  
NM

Zip Code  
87124-3003

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183469

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

20.29

**SUBTOTAL** of Disbursements This Page (optional) .....

290.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of New Mexico

Mailing Address Ron Bjornstad  
918 Ivory Rd SE

City Rio Rancho State NM Zip Code 87124-3003

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183594

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

182.63

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of New York

Mailing Address P.O. Box 728

City BELLPORT State NY Zip Code 11713

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183471

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

785.00

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of North Carolina

Mailing Address 1821 Hillandale Rd #1b-253

City Durham State NC Zip Code 27705

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.183592

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

584.50

**SUBTOTAL** of Disbursements This Page (optional) .....

1552.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Ohio

Mailing Address 700 Morse Rd Suite 208

City Columbus State OH Zip Code 43214

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183474

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2006

Amount of Each Disbursement this Period

77.00

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Ohio

Mailing Address 700 Morse Rd Suite 208

City Columbus State OH Zip Code 43214

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183596

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2006

Amount of Each Disbursement this Period

693.00

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Oklahoma

Mailing Address P.O. Box 3342

City Edmond State OK Zip Code 73083-3342

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183476

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2006

Amount of Each Disbursement this Period

14.08

**SUBTOTAL** of Disbursements This Page (optional) .....

784.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Oklahoma

Mailing Address P.O. Box 3342

City  
Edmond

State  
OK

Zip Code  
73083-3342

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183597

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

126.75

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Oregon

Mailing Address 12602 SW Farmington Road

City  
Beaverton

State  
OR

Zip Code  
97005-2755

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183598

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

459.00

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Rhode Island

Mailing Address P.O. Box 603364

City  
Providence

State  
RI

Zip Code  
02906-0000

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183479

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

3.67

**SUBTOTAL** of Disbursements This Page (optional) .....

589.42

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Rhode Island

Mailing Address P.O. Box 603364

City  
Providence

State  
RI

Zip Code  
02906

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183599

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

33.00

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of South Carolina

Mailing Address P.O. Box 7767

City  
Myrtle Beach

State  
SC

Zip Code  
29572-7767

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183600

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

246.00

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of South Dakota

Mailing Address P.O. Box 9341

City  
Rapid City

State  
SD

Zip Code  
57709-9341

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183481

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

3.58

**SUBTOTAL** of Disbursements This Page (optional) .....

282.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of South Dakota

Mailing Address P.O. Box 9341

City  
Rapid City

State  
SD

Zip Code  
57709-9341

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183602

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

32.25

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Tennessee

Mailing Address P.O. Box 2361

City  
Cookeville

State  
TN

Zip Code  
38502

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183483

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

34.37

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Tennessee

Mailing Address P.O. Box 2361

City  
Cookeville

State  
TN

Zip Code  
38502

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183603

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

309.38

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

376.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Texas

Mailing Address P.O. Box 56426

City  
Houston

State  
TX

Zip Code  
77256

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183604

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

1481.50

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Utah

Mailing Address P.O. Box 526025

City  
Salt Lake City

State  
UT

Zip Code  
84152-6052

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183486

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

11.67

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Utah

Mailing Address P.O. Box 526025

City  
Salt Lake City

State  
UT

Zip Code  
84152-6052

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183605

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

105.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1598.17

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Vermont

Mailing Address PO Box 5475

City  
Burlington

State  
VT

Zip Code  
05402-5475

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183488

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

7.62

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Vermont

Mailing Address PO Box 5475

City  
Burlington

State  
VT

Zip Code  
05402-5475

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183607

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

68.63

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Virginia

Mailing Address 4201 Wilson Blvd  
Ste 100-164

City  
Arlington

State  
VA

Zip Code  
22203-1859

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183606

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

953.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1029.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 158

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of Washington

Mailing Address P.O. Box 7118

City  
Bellevue

State  
WA

Zip Code  
98008

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183490

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

69.45

Full Name (Last, First, Middle Initial)

**B.** LIBERTARIAN PARTY OF WASHINGTON STATE

Mailing Address 400 NE 45TH ST SUITE 1776

City  
SEATTLE

State  
WA

Zip Code  
98105

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183608

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

625.13

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of West Virginia

Mailing Address PO Box 75423

City  
Charleston

State  
WV

Zip Code  
25375-5423

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183491

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

7.37

**SUBTOTAL** of Disbursements This Page (optional) .....

701.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Libertarian National Committee

Full Name (Last, First, Middle Initial)

**A.** Libertarian Party of West Virginia

Mailing Address PO Box 75423

City  
Charleston

State  
WV

Zip Code  
25375-5423

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183609

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

66.38

Full Name (Last, First, Middle Initial)

**B.** Libertarian Party of Wyoming

Mailing Address C/O Carol Blomquist  
840 Christie Dr.

City  
Riverdon

State  
WY

Zip Code  
82501

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183492

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

4.25

Full Name (Last, First, Middle Initial)

**C.** Libertarian Party of Wyoming

Mailing Address C/O Carol Blomquist  
840 Christie Dr.

City  
Riverdon

State  
WY

Zip Code  
82501

Purpose of Disbursement  
Unified Membership Payment to Affiliate

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.183610

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

38.25

**SUBTOTAL** of Disbursements This Page (optional) .....

108.88

**TOTAL** This Period (last page this line number only) .....

19787.68

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Christopher Darzinski

Nature of Debt (Purpose):  
Advertising

Mailing Address 1359 Chandler Ave

City	State	ZIP Code
Lincoln Park	MI	48146-2009

Outstanding Balance Beginning This Period

20.00

Transaction ID: SD9.15703

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Allen Hendrix

Nature of Debt (Purpose):  
Advertising

Mailing Address 546 Bear Creek Rd

City	State	ZIP Code
Carrollton	GA	30117-7669

Outstanding Balance Beginning This Period

25.00

Transaction ID: SD9.19679

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

**1) SUBTOTALS** This Period This Page (optional).....

45.00

**2) TOTALS** This Period (last page this line number only).....

45.00

**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 96 / 158

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Accurint

Nature of Debt (Purpose):  
Address and Phone Verifica-  
tion

Mailing Address P.O. Box 538358

City State ZIP Code  
Atlanta GA 30353-8358

Outstanding Balance Beginning This Period

127.50

Transaction ID: SD10.175168

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

127.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Advanced Mailing Services, LLC

Nature of Debt (Purpose):  
Non Candidate Printing/Ma-  
iling

Mailing Address 14970 Farm Creek Drive

City State ZIP Code  
Woodbridge VA 22191-3550

Outstanding Balance Beginning This Period

1167.35

Transaction ID: SD10.177674

Amount Incurred This Period

0.00

Payment This Period

1167.35

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Advanced Mailing Services, LLC

Nature of Debt (Purpose):  
Non Candidate Printing/Ma-  
iling

Mailing Address 14970 Farm Creek Drive

City State ZIP Code  
Woodbridge VA 22191-3550

Outstanding Balance Beginning This Period

1233.27

Transaction ID: SD10.180568

Amount Incurred This Period

0.00

Payment This Period

1233.27

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

127.50

2) **TOTALS** This Period (last page this line number only).....3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Advocates for Self GovernmentNature of Debt (Purpose):  
Quiz Cards

Mailing Address 5 South Public Square #304

City State ZIP Code  
Cartersville GA 30120

Outstanding Balance Beginning This Period

830.00

Transaction ID: SD10.80520

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

830.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
American National Insurance Co.Nature of Debt (Purpose):  
401K Plan RemittanceMailing Address Attn: Lea Pollack  
P. O. Box 1830 - Pension Dept.City State ZIP Code  
Galveston TX 77550-1830

Outstanding Balance Beginning This Period

478.86

Transaction ID: SD10.177691

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

478.86

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
American National Insurance Co.Nature of Debt (Purpose):  
401K Plan RemittanceMailing Address Attn: Lea Pollack  
P. O. Box 1830 - Pension Dept.City State ZIP Code  
Galveston TX 77550-1830

Outstanding Balance Beginning This Period

492.31

Transaction ID: SD10.180569

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

492.31

**1) SUBTOTALS** This Period This Page (optional).....

1801.17

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 98 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Arent FoxNature of Debt (Purpose):  
FEC Compliance Legal Serv-  
icesMailing Address Craig Engle  
1050 Conn Ave NWCity State ZIP Code  
Washington DC 20036-5339

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183638

Amount Incurred This Period

6338.87

Payment This Period

0.00

Outstanding Balance at Close of This Period

6338.87

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
B & B DuplicatorsNature of Debt (Purpose):  
Printing/Mailing Non Cand-  
idate

Mailing Address 818 18th Street NW LL15

City State ZIP Code  
Washington DC 20006

Outstanding Balance Beginning This Period

2226.05

Transaction ID: SD10.171284

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2226.05

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
B & B DuplicatorsNature of Debt (Purpose):  
Printing/Mailing Non Cand-  
idate

Mailing Address 818 18th Street NW LL15

City State ZIP Code  
Washington DC 20006

Outstanding Balance Beginning This Period

666.23

Transaction ID: SD10.175104

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

666.23

**1) SUBTOTALS** This Period This Page (optional).....

9231.15

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
B & B DuplicatorsNature of Debt (Purpose):  
Printing/Mailing Non Cand-  
idate

Mailing Address 818 18th Street NW LL15

City State ZIP Code  
Washington DC 20006

Outstanding Balance Beginning This Period

338.40

Transaction ID: SD10.177675

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

338.40

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
B & B DuplicatorsNature of Debt (Purpose):  
Party Related Non Candida-  
te Printing

Mailing Address 818 18th Street NW LL15

City State ZIP Code  
Washington DC 20006

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183639

Amount Incurred This Period

315.14

Payment This Period

0.00

Outstanding Balance at Close of This Period

315.14

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Dean BankertNature of Debt (Purpose):  
Advertising

Mailing Address 1080 Fairfield Road

City State ZIP Code  
Gettysburg PA 17325

Outstanding Balance Beginning This Period

22.50

Transaction ID: SD10.34463

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22.50

**1) SUBTOTALS** This Period This Page (optional).....

676.04

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BlackbaudNature of Debt (Purpose):  
Database Services

Mailing Address P.O. Box 930256

City State ZIP Code  
Atlanta GA 31193-0256

Outstanding Balance Beginning This Period

1869.61

Transaction ID: SD10.130069

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1869.61

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BlackbaudNature of Debt (Purpose):  
Que Software Licensing Fee  
1/06-12/06

Mailing Address P.O. Box 930256

City State ZIP Code  
Atlanta GA 31193-0256

Outstanding Balance Beginning This Period

3347.06

Transaction ID: SD10.177692

Amount Incurred This Period

0.00

Payment This Period

3347.06

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Edward BowersNature of Debt (Purpose):  
Advertising

Mailing Address 291 S La Cienega Blvd # 638

City State ZIP Code  
Beverly Hills CA 90211-3325

Outstanding Balance Beginning This Period

63.75

Transaction ID: SD10.32948

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

63.75

**1) SUBTOTALS** This Period This Page (optional).....

1933.36

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Virginia Brewer

Nature of Debt (Purpose):  
Advertising

Mailing Address P.O. Box 237

City State ZIP Code  
Saunderstown RI 02874

Outstanding Balance Beginning This Period

56.25

Transaction ID: SD10.32954

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56.25

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Virginia Brewer

Nature of Debt (Purpose):  
Advertising

Mailing Address P.O. Box 237

City State ZIP Code  
Saunderstown RI 02874

Outstanding Balance Beginning This Period

56.25

Transaction ID: SD10.33003

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56.25

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wanda O Brown,

Nature of Debt (Purpose):  
Non Candidate Direct Mail  
Consulting

Mailing Address 21306 Blackjack Road

City State ZIP Code  
Shelbyville IN 46176-9310

Outstanding Balance Beginning This Period

100.00

Transaction ID: SD10.180570

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

1) **SUBTOTALS** This Period This Page (optional).....

212.50

2) **TOTALS** This Period (last page this line number only).....3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 102 / 158

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CAN1 - CANANWILL, INC

Nature of Debt (Purpose):  
Insurance

Mailing Address PO Box # 19639

City State ZIP Code  
Newark NJ 07195-0639

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183641

Amount Incurred This Period

758.36

Payment This Period

0.00

Outstanding Balance at Close of This Period

758.36

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Central Parking System

Nature of Debt (Purpose):  
Parking

Mailing Address PO Box 17505  
Attn: Monthly Accts Dept.

City State ZIP Code  
Baltimore MD 21297-1505

Outstanding Balance Beginning This Period

25.00

Transaction ID: SD10.106351

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Central Parking System

Nature of Debt (Purpose):  
Parking

Mailing Address PO Box 17505  
Attn: Monthly Accts Dept.

City State ZIP Code  
Baltimore MD 21297-1505

Outstanding Balance Beginning This Period

125.00

Transaction ID: SD10.171248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

125.00

1) **SUBTOTALS** This Period This Page (optional).....

908.36

2) **TOTALS** This Period (last page this line number only).....3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
J. Daniel CloudNature of Debt (Purpose):  
LP News Writing Non Candi-  
date

Mailing Address 1013 Price Ave

City State ZIP Code  
Columbia SC 29201-1857

Outstanding Balance Beginning This Period

1750.00

Transaction ID: SD10.180571

Amount Incurred This Period

0.00

Payment This Period

1750.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Commonwealth Digital Office SolutionsNature of Debt (Purpose):  
Office Copier Maintenance

Mailing Address 21205 Ridgetop Circle

City State ZIP Code  
Sterling VA 20166-6501

Outstanding Balance Beginning This Period

125.63

Transaction ID: SD10.171287

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

125.63

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Commonwealth Digital Office SolutionsNature of Debt (Purpose):  
Office Copier Maintenance

Mailing Address 21205 Ridgetop Circle

City State ZIP Code  
Sterling VA 20166-6501

Outstanding Balance Beginning This Period

135.08

Transaction ID: SD10.175108

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

135.08

**1) SUBTOTALS** This Period This Page (optional).....

260.71

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Commonwealth Digital Office SolutionsNature of Debt (Purpose):  
Office Copier Maintenance

Mailing Address 21205 Ridgetop Circle

City State ZIP Code  
Sterling VA 20166-6501

Outstanding Balance Beginning This Period

155.02

Transaction ID: SD10.177676

Amount Incurred This Period

0.00

Payment This Period

155.02

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Commonwealth Digital Office SolutionsNature of Debt (Purpose):  
Office Copier Maintenance

Mailing Address 21205 Ridgetop Circle

City State ZIP Code  
Sterling VA 20166-6501

Outstanding Balance Beginning This Period

125.01

Transaction ID: SD10.180572

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

125.01

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Commonwealth Digital Office SolutionsNature of Debt (Purpose):  
Copier Maintenance

Mailing Address 21205 Ridgetop Circle

City State ZIP Code  
Sterling VA 20166-6501

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183642

Amount Incurred This Period

763.39

Payment This Period

0.00

Outstanding Balance at Close of This Period

763.39

**1) SUBTOTALS** This Period This Page (optional).....

888.40

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Corporate & LeisureNature of Debt (Purpose):  
Staff TravelMailing Address 2700 W. Cyprus Creek Road  
Suite D-105City State ZIP Code  
Ft Lauderdale FL 33309

Outstanding Balance Beginning This Period

822.18

Transaction ID: SD10.171288

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

822.18

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cory ConsultingNature of Debt (Purpose):  
Internet List Services

Mailing Address 325 Garrisonville Road Suite 106

City State ZIP Code  
Stafford VA 22554

Outstanding Balance Beginning This Period

1905.00

Transaction ID: SD10.106352

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1905.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cory ConsultingNature of Debt (Purpose):  
Internet List Services

Mailing Address 325 Garrisonville Road Suite 106

City State ZIP Code  
Stafford VA 22554

Outstanding Balance Beginning This Period

930.00

Transaction ID: SD10.180573

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

930.00

**1) SUBTOTALS** This Period This Page (optional).....

3657.18

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 106 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cory ConsultingNature of Debt (Purpose):  
Internet Server Maintenance

Mailing Address 325 Garrisonville Road Suite 106

City State ZIP Code  
Stafford VA 22554

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183643

Amount Incurred This Period

1005.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1005.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Thomas CoxNature of Debt (Purpose):  
Advertising

Mailing Address 12602 SW Farmington Road

City State ZIP Code  
Beaverton OR 97005

Outstanding Balance Beginning This Period

487.50

Transaction ID: SD10.32960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

487.50

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Thomas CoxNature of Debt (Purpose):  
Advertising

Mailing Address 12602 SW Farmington Road

City State ZIP Code  
Beaverton OR 97005

Outstanding Balance Beginning This Period

487.50

Transaction ID: SD10.32961

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

487.50

**1) SUBTOTALS** This Period This Page (optional).....

1980.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 107 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DatapriseNature of Debt (Purpose):  
Internet Services

Mailing Address PO Box 17672

City State ZIP Code  
Baltimore MD 21297

Outstanding Balance Beginning This Period

1901.25

Transaction ID: SD10.171289

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1901.25

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DatapriseNature of Debt (Purpose):  
Internet Services

Mailing Address PO Box 17672

City State ZIP Code  
Baltimore MD 21297

Outstanding Balance Beginning This Period

990.00

Transaction ID: SD10.177677

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

990.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
De Lage Landen FinancialNature of Debt (Purpose):  
Equipment Lease

Mailing Address PO Box 41601

City State ZIP Code  
Philadelphia PA 19101-1601

Outstanding Balance Beginning This Period

1.43

Transaction ID: SD10.110792

Amount Incurred This Period

0.00

Payment This Period

1.43

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

2891.25

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 108 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
De Lage Landen FinancialNature of Debt (Purpose):  
Equipment Lease

Mailing Address PO Box 41601

City State ZIP Code  
Philadelphia PA 19101-1601

Outstanding Balance Beginning This Period

517.12

Transaction ID: SD10.171253

Amount Incurred This Period

0.00

Payment This Period

517.12

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
De Lage Landen FinancialNature of Debt (Purpose):  
Equipment Lease

Mailing Address PO Box 41601

City State ZIP Code  
Philadelphia PA 19101-1601

Outstanding Balance Beginning This Period

517.12

Transaction ID: SD10.171290

Amount Incurred This Period

0.00

Payment This Period

517.12

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
De Lage Landen FinancialNature of Debt (Purpose):  
Equipment Lease

Mailing Address PO Box 41601

City State ZIP Code  
Philadelphia PA 19101-1601

Outstanding Balance Beginning This Period

593.27

Transaction ID: SD10.177678

Amount Incurred This Period

0.00

Payment This Period

124.51

Outstanding Balance at Close of This Period

468.76

**1) SUBTOTALS** This Period This Page (optional).....

468.76

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 109 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
De Lage Landen FinancialNature of Debt (Purpose):  
Equipment Lease

Mailing Address PO Box 41601

City State ZIP Code  
Philadelphia PA 19101-1601

Outstanding Balance Beginning This Period

526.30

Transaction ID: SD10.180574

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

526.30

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
District of Columbia Libertarian PartyNature of Debt (Purpose):  
UMP payment

Mailing Address 4733 First Street SW #303

City State ZIP Code  
Washington DC 20005

Outstanding Balance Beginning This Period

87.00

Transaction ID: SD10.34610

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

87.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Michael DixonNature of Debt (Purpose):  
Travel Reimbursement-Airfare

Mailing Address 116 N Brackenbury Ln

City State ZIP Code  
Charlotte NC 28270-1901

Outstanding Balance Beginning This Period

439.32

Transaction ID: SD10.110793

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

439.32

**1) SUBTOTALS** This Period This Page (optional).....

1052.62

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Paula Edwards, CPANature of Debt (Purpose):  
FEC Compliance/File Retrieval and Repair

Mailing Address 1318 Roxanna Road NW

City State ZIP Code  
Washington DC 20012

Outstanding Balance Beginning This Period

31175.00

Transaction ID: SD10.177679

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

31175.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENTCO Int. IncNature of Debt (Purpose):  
Disputed-Convention Services Consulting

Mailing Address 20016 Cedar Valley Road

City State ZIP Code  
Lynnwood WA 98036

Outstanding Balance Beginning This Period

4000.00

Transaction ID: SD10.175109

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENTCO Int. IncNature of Debt (Purpose):  
Disputed-Convention Services Consulting

Mailing Address 20016 Cedar Valley Road

City State ZIP Code  
Lynnwood WA 98036

Outstanding Balance Beginning This Period

3150.00

Transaction ID: SD10.177681

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3150.00

**1) SUBTOTALS** This Period This Page (optional).....

38325.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENTCO Int. IncNature of Debt (Purpose):  
Party Convention Services  
Consulting

Mailing Address 20016 Cedar Valley Road

City State ZIP Code  
Lynnwood WA 98036

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD10.180575

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

1000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENTCO Int. IncNature of Debt (Purpose):  
Convention Services

Mailing Address 20016 Cedar Valley Road

City State ZIP Code  
Lynnwood WA 98036

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183644

Amount Incurred This Period

3000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Gillis Data & Information Services, LLCNature of Debt (Purpose):  
Printing/Mailing Non Cand-  
idate

Mailing Address 8990 Westchester Dr

City State ZIP Code  
Manassas VA 20112-4504

Outstanding Balance Beginning This Period

1277.39

Transaction ID: SD10.110797

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1277.39

**1) SUBTOTALS** This Period This Page (optional).....

5277.39

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 112 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Patrick HellerNature of Debt (Purpose):  
Advertising

Mailing Address 300 Frandor Ave

City State ZIP Code  
Lansing MI 48912-5290

Outstanding Balance Beginning This Period

850.00

Transaction ID: SD10.34464

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

850.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
David HollistNature of Debt (Purpose):  
Advertising

Mailing Address PO Box 1414

City State ZIP Code  
Alta Loma CA 91701-8414

Outstanding Balance Beginning This Period

45.00

Transaction ID: SD10.18263

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
David HollistNature of Debt (Purpose):  
Advertising

Mailing Address PO Box 1414

City State ZIP Code  
Alta Loma CA 91701-8414

Outstanding Balance Beginning This Period

45.00

Transaction ID: SD10.18264

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

**1) SUBTOTALS** This Period This Page (optional).....

940.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 113 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
David HollistNature of Debt (Purpose):  
Advertising

Mailing Address PO Box 1414

City State ZIP Code  
Alta Loma CA 91701-8414

Outstanding Balance Beginning This Period

45.00

Transaction ID: SD10.18265

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
IntegramNature of Debt (Purpose):  
Non Candidate Printing Se-  
rvice

Mailing Address 8421 Hilltop Rd.

City State ZIP Code  
Fairfax VA 22031-4316

Outstanding Balance Beginning This Period

9903.93

Transaction ID: SD10.80541

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9903.93

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
J&N PrintingNature of Debt (Purpose):  
Printing/Mailing Non Cand-  
idate

Mailing Address 5495 Glenthorne Court

City State ZIP Code  
Baltimore MD 21237

Outstanding Balance Beginning This Period

0.20

Transaction ID: SD10.171291

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.20

**1) SUBTOTALS** This Period This Page (optional).....

9949.13

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 114 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
J&N PrintingNature of Debt (Purpose):  
Printing/Mailing Non Cand-  
idate

Mailing Address 5495 Glenthorne Court

City State ZIP Code  
Baltimore MD 21237

Outstanding Balance Beginning This Period

2333.46

Transaction ID: SD10.175112

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2333.46

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
J&N PrintingNature of Debt (Purpose):  
Printing/Mailing Non Cand-  
idate

Mailing Address 5495 Glenthorne Court

City State ZIP Code  
Baltimore MD 21237

Outstanding Balance Beginning This Period

2289.75

Transaction ID: SD10.175172

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2289.75

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
J&N PrintingNature of Debt (Purpose):  
Printing/Mailing Non Cand-  
idate

Mailing Address 5495 Glenthorne Court

City State ZIP Code  
Baltimore MD 21237

Outstanding Balance Beginning This Period

1837.00

Transaction ID: SD10.177683

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1837.00

**1) SUBTOTALS** This Period This Page (optional).....

6460.21

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 115 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
J&N PrintingNature of Debt (Purpose):  
Non Candidate Party Letter  
Mailing

Mailing Address 5495 Glenthorne Court

City State ZIP Code  
Baltimore MD 21237

Outstanding Balance Beginning This Period

2520.00

Transaction ID: SD10.180576

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2520.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Joe Ragan'sNature of Debt (Purpose):  
Office Supplies

Mailing Address PO Box 125

City State ZIP Code  
Springfield VA 22150-0125

Outstanding Balance Beginning This Period

155.75

Transaction ID: SD10.180578

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

155.75

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Krieg Family TrustNature of Debt (Purpose):  
Advertising

Mailing Address 23207 Night Heron Way

City State ZIP Code  
Bradenton FL 34202

Outstanding Balance Beginning This Period

200.00

Transaction ID: SD10.34417

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

**1) SUBTOTALS** This Period This Page (optional).....

2875.75

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 116 / 158

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lewis, Dan

Nature of Debt (Purpose):  
Editing Services Non Cand-  
idate

Mailing Address 8755 Grantham Court

City State ZIP Code  
Bristow VA 20136

Outstanding Balance Beginning This Period

250.00

Transaction ID: SD10.175114

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jack Lewis

Nature of Debt (Purpose):  
Advertising

Mailing Address 5206 Chinook Ave

City State ZIP Code  
Boise ID 83709-6122

Outstanding Balance Beginning This Period

165.00

Transaction ID: SD10.32977

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

165.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of Alabama

Nature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 2330 Highland Ave

City State ZIP Code  
Birmingham AL 35205

Outstanding Balance Beginning This Period

275.00

Transaction ID: SD10.180580

Amount Incurred This Period

0.00

Payment This Period

275.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

415.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of AlaskaNature of Debt (Purpose):  
Unified Membership Payment  
to AffiliateMailing Address PMB 373  
205 E Dimond BlvdCity State ZIP Code  
Anchorage AK 99515

Outstanding Balance Beginning This Period

102.00

Transaction ID: SD10.180581

Amount Incurred This Period

0.00

Payment This Period

102.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of ArizonaNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 4802 E. Ray Road #23-255

City State ZIP Code  
Phoenix AZ 85044

Outstanding Balance Beginning This Period

396.00

Transaction ID: SD10.180582

Amount Incurred This Period

0.00

Payment This Period

396.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of ArkansasNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address PO Box 15214

City State ZIP Code  
Little Rock AR 72231

Outstanding Balance Beginning This Period

82.50

Transaction ID: SD10.180584

Amount Incurred This Period

0.00

Payment This Period

82.50

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of CaliforniaNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 14547 Titus St, Suite 214

City State ZIP Code  
Panorama City CA 91402

Outstanding Balance Beginning This Period

3286.50

Transaction ID: SD10.180585

Amount Incurred This Period

0.00

Payment This Period

3286.50

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of CaliforniaNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 14547 Titus St, Suite 214

City State ZIP Code  
Panorama City CA 91402

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183645

Amount Incurred This Period

2921.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

2921.33

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of ColoradoNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 1425 Brentwood St

City State ZIP Code  
Lakewood CO 80214

Outstanding Balance Beginning This Period

721.00

Transaction ID: SD10.180586

Amount Incurred This Period

0.00

Payment This Period

721.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

2921.33

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of ColoradoNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 1425 Brentwood St

City State ZIP Code  
Lakewood CO 80214

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183646

Amount Incurred This Period

721.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

721.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of ConnecticutNature of Debt (Purpose):  
Unified Membership Payment  
to AffiliateMailing Address Attn: Andy Rule  
PO Box 2501City State ZIP Code  
Middletown CT 06457-2501

Outstanding Balance Beginning This Period

249.00

Transaction ID: SD10.180587

Amount Incurred This Period

0.00

Payment This Period

249.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of DelawareNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 1472

City State ZIP Code  
Dover DE 19903-1472

Outstanding Balance Beginning This Period

58.88

Transaction ID: SD10.180588

Amount Incurred This Period

0.00

Payment This Period

58.88

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

721.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of FloridaNature of Debt (Purpose):  
Unified Membership Payment  
to AffiliateMailing Address Libertarian Party of Florida  
5901 Pendragon LaneCity State ZIP Code  
Fort Myers FL 33912

Outstanding Balance Beginning This Period

1089.75

Transaction ID: SD10.180589

Amount Incurred This Period

0.00

Payment This Period

1089.75

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of FloridaNature of Debt (Purpose):  
Unified Membership Payment  
to AffiliateMailing Address Libertarian Party of Florida  
5901 Pendragon LaneCity State ZIP Code  
Fort Myers FL 33912

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183647

Amount Incurred This Period

968.67

Payment This Period

0.00

Outstanding Balance at Close of This Period

968.67

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LIBERTARIAN PARTY OF GEORGIANature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 1874 PIEDMONT RD SUITE 590-E

City State ZIP Code  
ATLANTA GA 30324

Outstanding Balance Beginning This Period

1054.00

Transaction ID: SD10.180590

Amount Incurred This Period

0.00

Payment This Period

1054.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

968.67

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LIBERTARIAN PARTY OF GEORGIANature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 1874 PIEDMONT RD SUITE 590-E

City State ZIP Code  
ATLANTA GA 30324

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183648

Amount Incurred This Period

1054.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1054.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of HawaiiNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 625 Keawe Street

City State ZIP Code  
Honolulu HI 96813

Outstanding Balance Beginning This Period

69.75

Transaction ID: SD10.180591

Amount Incurred This Period

0.00

Payment This Period

69.75

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of IdahoNature of Debt (Purpose):  
Unified Membership Payment  
to AffiliateMailing Address c/of Gordon Wilmoth  
517 CostonCity State ZIP Code  
Boise ID 83712

Outstanding Balance Beginning This Period

81.75

Transaction ID: SD10.180592

Amount Incurred This Period

0.00

Payment This Period

81.75

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

1054.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 122 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of IllinoisNature of Debt (Purpose):  
Unified Membership Payment  
to AffiliateMailing Address c/of Jan Stover  
515 W. Main StreetCity State ZIP Code  
Greenville IL 62246

Outstanding Balance Beginning This Period

687.75

Transaction ID: SD10.180593

Amount Incurred This Period

0.00

Payment This Period

687.75

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of IllinoisNature of Debt (Purpose):  
Unified Membership Payment  
to AffiliateMailing Address c/of Jan Stover  
515 W. Main StreetCity State ZIP Code  
Greenville IL 62246

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183649

Amount Incurred This Period

611.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

611.33

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of IndianaNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 2587 S 250 E

City State ZIP Code  
Shelbyville IN 46176-9310

Outstanding Balance Beginning This Period

657.50

Transaction ID: SD10.180594

Amount Incurred This Period

0.00

Payment This Period

657.50

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

611.33

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of IndianaNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 2587 S 250 E

City State ZIP Code  
Shelbyville IN 46176-9310

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183650

Amount Incurred This Period

657.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

657.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of IowaNature of Debt (Purpose):  
Unified Membership Payment  
to AffiliateMailing Address C/O Tim Hird  
3119 E Diehl Ave.City State ZIP Code  
Des Moines IA 50320

Outstanding Balance Beginning This Period

178.88

Transaction ID: SD10.180595

Amount Incurred This Period

0.00

Payment This Period

178.88

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of KansasNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 2456

City State ZIP Code  
Wichita KS 67201-2456

Outstanding Balance Beginning This Period

242.00

Transaction ID: SD10.180596

Amount Incurred This Period

0.00

Payment This Period

242.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

657.50

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of KentuckyNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 719 Talon Place

City State ZIP Code  
Louisville KY 40223

Outstanding Balance Beginning This Period

128.25

Transaction ID: SD10.180597

Amount Incurred This Period

0.00

Payment This Period

128.25

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of LouisianaNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 66301

City State ZIP Code  
Baton Rouge LA 70896-6301

Outstanding Balance Beginning This Period

143.25

Transaction ID: SD10.180598

Amount Incurred This Period

0.00

Payment This Period

143.25

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of MaineNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 2020

City State ZIP Code  
Biddeford ME 04005-8020

Outstanding Balance Beginning This Period

107.25

Transaction ID: SD10.180599

Amount Incurred This Period

0.00

Payment This Period

107.25

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of MaineNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 2020

City State ZIP Code  
Biddeford ME 04005-8020

Outstanding Balance Beginning This Period

706.50

Transaction ID: SD10.180607

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

706.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of MassachusettsNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address PMB #276, 203 Washington Street

City State ZIP Code  
Salem MA 01970

Outstanding Balance Beginning This Period

436.50

Transaction ID: SD10.180600

Amount Incurred This Period

0.00

Payment This Period

436.50

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of MichiganNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address POB 27065

City State ZIP Code  
Lansing MI 48924-7065

Outstanding Balance Beginning This Period

736.50

Transaction ID: SD10.180601

Amount Incurred This Period

0.00

Payment This Period

736.50

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

706.50

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of MichiganNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address POB 27065

City State ZIP Code  
Lansing MI 48924-7065

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183651

Amount Incurred This Period

654.67

Payment This Period

0.00

Outstanding Balance at Close of This Period

654.67

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LIBERTARIAN PARTY OF MINNESOTANature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address PO BOX 580774

City State ZIP Code  
Minneapolis MN 55458-0774

Outstanding Balance Beginning This Period

295.50

Transaction ID: SD10.180602

Amount Incurred This Period

0.00

Payment This Period

295.50

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of MississippiNature of Debt (Purpose):  
Unified Membership Payment  
to AffiliateMailing Address PMB 145, Suite 200  
1625 E. County Line RoadCity State ZIP Code  
Jackson MS 39211-1832

Outstanding Balance Beginning This Period

66.75

Transaction ID: SD10.180603

Amount Incurred This Period

0.00

Payment This Period

66.75

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

654.67

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of MissouriNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 78623

City State ZIP Code  
St Louis MO 63178-8623

Outstanding Balance Beginning This Period

299.25

Transaction ID: SD10.180604

Amount Incurred This Period

0.00

Payment This Period

299.25

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of NebraskaNature of Debt (Purpose):  
Unified Membership Payment  
to AffiliateMailing Address Chris Costello  
2301 S 32nd AveCity State ZIP Code  
Omaha NE 68105

Outstanding Balance Beginning This Period

76.50

Transaction ID: SD10.180579

Amount Incurred This Period

0.00

Payment This Period

76.50

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of NevadaNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 94554

City State ZIP Code  
Las Vegas NV 89193-4554

Outstanding Balance Beginning This Period

243.38

Transaction ID: SD10.180605

Amount Incurred This Period

0.00

Payment This Period

243.38

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of New MexicoNature of Debt (Purpose):  
Unified Membership Payment  
to AffiliateMailing Address Ron Bjornstad  
918 Ivory Rd SECity State ZIP Code  
Rio Rancho NM 87124-3003

Outstanding Balance Beginning This Period

182.63

Transaction ID: SD10.180606

Amount Incurred This Period

0.00

Payment This Period

182.63

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of New YorkNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 849 President St.

City State ZIP Code  
Brooklyn NY 11215

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183652

Amount Incurred This Period

628.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

628.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of North CarolinaNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 1821 Hillandale Rd #1b-253

City State ZIP Code  
Durham NC 27705

Outstanding Balance Beginning This Period

584.50

Transaction ID: SD10.180608

Amount Incurred This Period

0.00

Payment This Period

584.50

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

628.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of North CarolinaNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 1821 Hillandale Rd #1b-253

City State ZIP Code  
Durham NC 27705

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183653

Amount Incurred This Period

584.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

584.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of OhioNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 700 Morse Rd Suite 208

City State ZIP Code  
Columbus OH 43214

Outstanding Balance Beginning This Period

693.00

Transaction ID: SD10.180609

Amount Incurred This Period

0.00

Payment This Period

693.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of OhioNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 700 Morse Rd Suite 208

City State ZIP Code  
Columbus OH 43214

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183654

Amount Incurred This Period

616.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

616.00

**1) SUBTOTALS** This Period This Page (optional).....

1200.50

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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PAGE 130 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of OklahomaNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 3342

City State ZIP Code  
Edmond OK 73083-3342

Outstanding Balance Beginning This Period

126.75

Transaction ID: SD10.180610

Amount Incurred This Period

0.00

Payment This Period

126.75

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of OregonNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 12602 SW Farmington Road

City State ZIP Code  
Beaverton OR 97005-2755

Outstanding Balance Beginning This Period

459.00

Transaction ID: SD10.180611

Amount Incurred This Period

0.00

Payment This Period

459.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of Rhode IslandNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 603364

City State ZIP Code  
Providence RI 02906

Outstanding Balance Beginning This Period

33.00

Transaction ID: SD10.180612

Amount Incurred This Period

0.00

Payment This Period

33.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of South CarolinaNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 7767

City State ZIP Code  
Myrtle Beach SC 29572-7767

Outstanding Balance Beginning This Period

246.00

Transaction ID: SD10.180613

Amount Incurred This Period

0.00

Payment This Period

246.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of South DakotaNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 9341

City State ZIP Code  
Rapid City SD 57709-9341

Outstanding Balance Beginning This Period

32.25

Transaction ID: SD10.180614

Amount Incurred This Period

0.00

Payment This Period

32.25

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of TennesseeNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 2361

City State ZIP Code  
Cookeville TN 38502

Outstanding Balance Beginning This Period

309.38

Transaction ID: SD10.180616

Amount Incurred This Period

0.00

Payment This Period

309.38

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of TexasNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 56426

City State ZIP Code  
Houston TX 77256

Outstanding Balance Beginning This Period

1481.50

Transaction ID: SD10.180615

Amount Incurred This Period

0.00

Payment This Period

1481.50

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of TexasNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 56426

City State ZIP Code  
Houston TX 77256

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183655

Amount Incurred This Period

1481.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

1481.50

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of UtahNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address P.O. Box 526025

City State ZIP Code  
Salt Lake City UT 84152-6052

Outstanding Balance Beginning This Period

105.00

Transaction ID: SD10.180617

Amount Incurred This Period

0.00

Payment This Period

105.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

1481.50

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 133 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of VermontNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address PO Box 5475

City State ZIP Code  
Burlington VT 05402-5475

Outstanding Balance Beginning This Period

68.63

Transaction ID: SD10.180618

Amount Incurred This Period

0.00

Payment This Period

68.63

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of VirginiaNature of Debt (Purpose):  
Unified Membership Payment  
to AffiliateMailing Address 4201 Wilson Blvd  
Ste 100-164City State ZIP Code  
Arlington VA 22203-1859

Outstanding Balance Beginning This Period

953.00

Transaction ID: SD10.180619

Amount Incurred This Period

0.00

Payment This Period

953.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of VirginiaNature of Debt (Purpose):  
Unified Membership Payment  
to AffiliateMailing Address 4201 Wilson Blvd  
Ste 100-164City State ZIP Code  
Arlington VA 22203-1859

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183656

Amount Incurred This Period

953.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

953.00

**1) SUBTOTALS** This Period This Page (optional).....

953.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 134 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LIBERTARIAN PARTY OF WASHINGTON STATENature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 400 NE 45TH ST SUITE 1776

City State ZIP Code  
SEATTLE WA 98105

Outstanding Balance Beginning This Period

625.13

Transaction ID: SD10.180620

Amount Incurred This Period

0.00

Payment This Period

625.13

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LIBERTARIAN PARTY OF WASHINGTON STATENature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address 400 NE 45TH ST SUITE 1776

City State ZIP Code  
SEATTLE WA 98105

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183657

Amount Incurred This Period

555.67

Payment This Period

0.00

Outstanding Balance at Close of This Period

555.67

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of West VirginiaNature of Debt (Purpose):  
Unified Membership Payment  
to Affiliate

Mailing Address PO Box 75423

City State ZIP Code  
Charleston WV 25375-5423

Outstanding Balance Beginning This Period

66.38

Transaction ID: SD10.180621

Amount Incurred This Period

0.00

Payment This Period

66.38

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

555.67

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 135 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarian Party of WyomingNature of Debt (Purpose):  
Unified Membership Payment  
to AffiliateMailing Address C/O Carol Blomquist  
840 Christie Dr.City State ZIP Code  
Riverdon WY 82501

Outstanding Balance Beginning This Period

38.25

Transaction ID: SD10.180622

Amount Incurred This Period

0.00

Payment This Period

38.25

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarians for LifeNature of Debt (Purpose):  
Advertising

Mailing Address 13424 Hathaway Drive

City State ZIP Code  
Wheaton MD 20906

Outstanding Balance Beginning This Period

18.00

Transaction ID: SD10.34419

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarians for LifeNature of Debt (Purpose):  
Advertising

Mailing Address 13424 Hathaway Drive

City State ZIP Code  
Wheaton MD 20906

Outstanding Balance Beginning This Period

18.00

Transaction ID: SD10.34420

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.00

**1) SUBTOTALS** This Period This Page (optional).....

36.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 136 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarians for LifeNature of Debt (Purpose):  
Advertising

Mailing Address 13424 Hathaway Drive

City State ZIP Code  
Wheaton MD 20906

Outstanding Balance Beginning This Period

18.00

Transaction ID: SD10.34421

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarians for LifeNature of Debt (Purpose):  
Advertising

Mailing Address 13424 Hathaway Drive

City State ZIP Code  
Wheaton MD 20906

Outstanding Balance Beginning This Period

18.00

Transaction ID: SD10.34422

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarians for LifeNature of Debt (Purpose):  
Advertising

Mailing Address 13424 Hathaway Drive

City State ZIP Code  
Wheaton MD 20906

Outstanding Balance Beginning This Period

18.00

Transaction ID: SD10.34423

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.00

**1) SUBTOTALS** This Period This Page (optional).....

54.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 137 / 158

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarians for Life

Nature of Debt (Purpose):  
Advertising

Mailing Address 13424 Hathaway Drive

City State ZIP Code  
Wheaton MD 20906

Outstanding Balance Beginning This Period

18.00

Transaction ID: SD10.34424

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarians for Life

Nature of Debt (Purpose):  
Advertising

Mailing Address 13424 Hathaway Drive

City State ZIP Code  
Wheaton MD 20906

Outstanding Balance Beginning This Period

18.00

Transaction ID: SD10.34425

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarians for Life

Nature of Debt (Purpose):  
Advertising

Mailing Address 13424 Hathaway Drive

City State ZIP Code  
Wheaton MD 20906

Outstanding Balance Beginning This Period

18.00

Transaction ID: SD10.34426

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.00

1) **SUBTOTALS** This Period This Page (optional).....

54.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 138 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarians for LifeNature of Debt (Purpose):  
Advertising

Mailing Address 13424 Hathaway Drive

City State ZIP Code  
Wheaton MD 20906

Outstanding Balance Beginning This Period

18.00

Transaction ID: SD10.34427

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Libertarians for LifeNature of Debt (Purpose):  
Advertising

Mailing Address 13424 Hathaway Drive

City State ZIP Code  
Wheaton MD 20906

Outstanding Balance Beginning This Period

18.00

Transaction ID: SD10.34428

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wanda LoganNature of Debt (Purpose):  
Advertising

Mailing Address 3718 Hoadly Loop

City State ZIP Code  
Tumwater WA 98501

Outstanding Balance Beginning This Period

84.00

Transaction ID: SD10.34434

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

84.00

**1) SUBTOTALS** This Period This Page (optional).....

120.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 139 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wanda LoganNature of Debt (Purpose):  
Advertising

Mailing Address 3718 Hoadly Loop

City State ZIP Code  
Tumwater WA 98501

Outstanding Balance Beginning This Period

84.00

Transaction ID: SD10.34436

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

84.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wanda LoganNature of Debt (Purpose):  
Advertising

Mailing Address 3718 Hoadly Loop

City State ZIP Code  
Tumwater WA 98501

Outstanding Balance Beginning This Period

84.00

Transaction ID: SD10.34437

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

84.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wanda LoganNature of Debt (Purpose):  
Advertisiing

Mailing Address 3718 Hoadly Loop

City State ZIP Code  
Tumwater WA 98501

Outstanding Balance Beginning This Period

84.00

Transaction ID: SD10.34438

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

84.00

**1) SUBTOTALS** This Period This Page (optional).....

252.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 140 / 158

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wanda Logan

Nature of Debt (Purpose):  
Advertising

Mailing Address 3718 Hoadly Loop

City State ZIP Code  
Tumwater WA 98501

Outstanding Balance Beginning This Period

84.00

Transaction ID: SD10.34439

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

84.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wanda Logan

Nature of Debt (Purpose):  
Advertising

Mailing Address 3718 Hoadly Loop

City State ZIP Code  
Tumwater WA 98501

Outstanding Balance Beginning This Period

84.00

Transaction ID: SD10.34440

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

84.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wanda Logan

Nature of Debt (Purpose):  
Advertising

Mailing Address 3718 Hoadly Loop

City State ZIP Code  
Tumwater WA 98501

Outstanding Balance Beginning This Period

84.00

Transaction ID: SD10.34441

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

84.00

1) **SUBTOTALS** This Period This Page (optional).....

252.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 141 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wanda LoganNature of Debt (Purpose):  
Advertising

Mailing Address 3718 Hoadly Loop

City State ZIP Code  
Tumwater WA 98501

Outstanding Balance Beginning This Period

84.00

Transaction ID: SD10.34442

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

84.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wanda LoganNature of Debt (Purpose):  
Advertising

Mailing Address 3718 Hoadly Loop

City State ZIP Code  
Tumwater WA 98501

Outstanding Balance Beginning This Period

84.00

Transaction ID: SD10.34444

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

84.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wanda LoganNature of Debt (Purpose):  
Advertising

Mailing Address 3718 Hoadly Loop

City State ZIP Code  
Tumwater WA 98501

Outstanding Balance Beginning This Period

84.00

Transaction ID: SD10.34445

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

84.00

**1) SUBTOTALS** This Period This Page (optional).....

252.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 142 / 158

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wanda Logan

Nature of Debt (Purpose):  
Advertising

Mailing Address 3718 Hoadly Loop

City State ZIP Code  
Tumwater WA 98501

Outstanding Balance Beginning This Period

84.00

Transaction ID: SD10.34447

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

84.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wanda Logan

Nature of Debt (Purpose):  
Advertising

Mailing Address 3718 Hoadly Loop

City State ZIP Code  
Tumwater WA 98501

Outstanding Balance Beginning This Period

84.00

Transaction ID: SD10.34448

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

84.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MSI-ACI Holding LLC

Nature of Debt (Purpose):  
Market Research Non Candi-  
date

Mailing Address 650 Park Avenue

City State ZIP Code  
King of Prussia PA 19406

Outstanding Balance Beginning This Period

4035.00

Transaction ID: SD10.180625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4035.00

1) **SUBTOTALS** This Period This Page (optional).....

4203.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 143 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MSI-ACI Holding LLCNature of Debt (Purpose):  
Market Research Study

Mailing Address 650 Park Avenue

City State ZIP Code  
King of Prussia PA 19406

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183658

Amount Incurred This Period

4035.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4035.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MV GlobalNature of Debt (Purpose):  
Telephone Systems

Mailing Address 932 Sligo Ave

City State ZIP Code  
Silver Spring MD 20910

Outstanding Balance Beginning This Period

630.00

Transaction ID: SD10.80546

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

630.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Ed NagelNature of Debt (Purpose):  
Advertising

Mailing Address PO Box 2823

City State ZIP Code  
Santa Fe NM 87504-2823

Outstanding Balance Beginning This Period

105.00

Transaction ID: SD10.32982

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

105.00

**1) SUBTOTALS** This Period This Page (optional).....

4770.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 144 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NetFire.com - SpeakeasyNature of Debt (Purpose):  
Internet Hosting ServicesMailing Address c/o Speakeasy Accounts Receivable  
1201 Western Ave.City State ZIP Code  
Seattle WA 98101

Outstanding Balance Beginning This Period

280.37

Transaction ID: SD10.171294

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

280.37

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
P Samuel NewNature of Debt (Purpose):  
Petty Cash Reimbursement

Mailing Address 1227 1/2 Massachusetts Ave., SE

City State ZIP Code  
Washington DC 20003

Outstanding Balance Beginning This Period

88.81

Transaction ID: SD10.69887

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

88.81

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
P Samuel NewNature of Debt (Purpose):  
Petty Cash Reimbursement

Mailing Address 1227 1/2 Massachusetts Ave., SE

City State ZIP Code  
Washington DC 20003

Outstanding Balance Beginning This Period

270.01

Transaction ID: SD10.80549

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

270.01

**1) SUBTOTALS** This Period This Page (optional).....

639.19

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 145 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Tom PilitowskiNature of Debt (Purpose):  
Advertising

Mailing Address 3280-55A Tamiami Trail #297

City State ZIP Code  
Port Charlotte FL 33952

Outstanding Balance Beginning This Period

19.50

Transaction ID: SD10.19575

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Tom PilitowskiNature of Debt (Purpose):  
Advertising

Mailing Address 3280-55A Tamiami Trail #297

City State ZIP Code  
Port Charlotte FL 33952

Outstanding Balance Beginning This Period

19.50

Transaction ID: SD10.19576

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.50

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Tom PilitowskiNature of Debt (Purpose):  
Advertising

Mailing Address 3280-55A Tamiami Trail #297

City State ZIP Code  
Port Charlotte FL 33952

Outstanding Balance Beginning This Period

19.50

Transaction ID: SD10.19577

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.50

**1) SUBTOTALS** This Period This Page (optional).....

58.50

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 146 / 158

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Tom Pilitowski

Nature of Debt (Purpose):  
Advertising

Mailing Address 3280-55A Tamiami Trail #297

City State ZIP Code  
Port Charlotte FL 33952

Outstanding Balance Beginning This Period

19.50

Transaction ID: SD10.19578

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Tom Pilitowski

Nature of Debt (Purpose):  
Advertising

Mailing Address 3280-55A Tamiami Trail #297

City State ZIP Code  
Port Charlotte FL 33952

Outstanding Balance Beginning This Period

19.50

Transaction ID: SD10.19579

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.50

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Tom Pilitowski

Nature of Debt (Purpose):  
Advertising

Mailing Address 3280-55A Tamiami Trail #297

City State ZIP Code  
Port Charlotte FL 33952

Outstanding Balance Beginning This Period

19.50

Transaction ID: SD10.19580

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.50

1) **SUBTOTALS** This Period This Page (optional).....

58.50

2) **TOTALS** This Period (last page this line number only).....3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 147 / 158

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Libertarian National Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Tom Pilitowski

Nature of Debt (Purpose):  
Advertising

Mailing Address 3280-55A Tamiami Trail #297

City State ZIP Code  
Port Charlotte FL 33952

Outstanding Balance Beginning This Period

19.50

Transaction ID: SD10.19581

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Roger Pope

Nature of Debt (Purpose):  
Ballot access petitioning

Mailing Address 1916-C Wilmette Ave

City State ZIP Code  
Wilmette IL 60091

Outstanding Balance Beginning This Period

726.00

Transaction ID: SD10.37009

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

726.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Prospect Tech

Nature of Debt (Purpose):  
Network and Telephone Sys-  
tems Maintenanc

Mailing Address 3246 Prospect St NW

City State ZIP Code  
Washington DC 20007

Outstanding Balance Beginning This Period

5419.00

Transaction ID: SD10.180626

Amount Incurred This Period

0.00

Payment This Period

2919.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

3245.50

2) **TOTALS** This Period (last page this line number only).....3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Prospect TechNature of Debt (Purpose):  
Network/Phone Systems Maintenance

Mailing Address 3246 Prospect St NW

City State ZIP Code  
Washington DC 20007

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183659

Amount Incurred This Period

3420.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3420.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
QUI1 - Quill CorporationNature of Debt (Purpose):  
Office Supplies

Mailing Address PO Box 94081

City State ZIP Code  
Palatine IL 60094-4801

Outstanding Balance Beginning This Period

201.40

Transaction ID: SD10.171295

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

201.40

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Richard RiderNature of Debt (Purpose):  
Advertising

Mailing Address 10969 Red Cedar Dr

City State ZIP Code  
San Diego CA 92131-1306

Outstanding Balance Beginning This Period

137.50

Transaction ID: SD10.34465

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

137.50

**1) SUBTOTALS** This Period This Page (optional).....

3758.90

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 149 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Steve RosaNature of Debt (Purpose):  
LP Annual Report Non Cand-  
idate

Mailing Address 4829 West Braddock Road, Apt 3

City State ZIP Code  
Alexandria VA 22311

Outstanding Balance Beginning This Period

487.50

Transaction ID: SD10.180627

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

487.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
State Farm Insurance CompaniesNature of Debt (Purpose):  
Insurance

Mailing Address PO Box 680001

City State ZIP Code  
Dallas TX 75368-0001

Outstanding Balance Beginning This Period

447.00

Transaction ID: SD10.171257

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

447.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
State Farm Insurance CompaniesNature of Debt (Purpose):  
Insurance

Mailing Address One State Farm Drive

City State ZIP Code  
Frederick MD 21709-1000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183660

Amount Incurred This Period

1004.49

Payment This Period

0.00

Outstanding Balance at Close of This Period

1004.49

**1) SUBTOTALS** This Period This Page (optional).....

1938.99

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 150 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Corey SternNature of Debt (Purpose):  
Advertising

Mailing Address 10420 Buckingham Dr

City State ZIP Code  
Eden Prairie MN 55347-2939

Outstanding Balance Beginning This Period

48.75

Transaction ID: SD10.32992

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

48.75

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Corey SternNature of Debt (Purpose):  
Advertising

Mailing Address 10420 Buckingham Dr

City State ZIP Code  
Eden Prairie MN 55347-2939

Outstanding Balance Beginning This Period

48.75

Transaction ID: SD10.32993

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

48.75

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Corey SternNature of Debt (Purpose):  
Advertising

Mailing Address 10420 Buckingham Dr

City State ZIP Code  
Eden Prairie MN 55347-2939

Outstanding Balance Beginning This Period

48.75

Transaction ID: SD10.32994

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

48.75

**1) SUBTOTALS** This Period This Page (optional).....

146.25

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 151 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Telecompute CorporationNature of Debt (Purpose):  
Telephone Service

Mailing Address P.O. Box 106019

City State ZIP Code  
Atlanta GA 30348-6019

Outstanding Balance Beginning This Period

70.13

Transaction ID: SD10.171296

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

70.13

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Telecompute CorporationNature of Debt (Purpose):  
Telephone Service

Mailing Address P.O. Box 106019

City State ZIP Code  
Atlanta GA 30348-6019

Outstanding Balance Beginning This Period

52.25

Transaction ID: SD10.180628

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

52.25

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Tri-StateNature of Debt (Purpose):  
Printing Services Non Can-  
didateMailing Address Attn: Nancy/David  
6900 Faigle RoadCity State ZIP Code  
Beltsville MD 20705

Outstanding Balance Beginning This Period

65.00

Transaction ID: SD10.110805

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65.00

**1) SUBTOTALS** This Period This Page (optional).....

187.38

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 152 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Tri-StateNature of Debt (Purpose):  
Printing Services Non Can-  
didateMailing Address Attn: Nancy/David  
6900 Faigle RoadCity State ZIP Code  
Beltsville MD 20705

Outstanding Balance Beginning This Period

564.80

Transaction ID: SD10.175117

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

564.80

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Tri-StateNature of Debt (Purpose):  
Printing Services Non Can-  
didateMailing Address Attn: Nancy/David  
6900 Faigle RoadCity State ZIP Code  
Beltsville MD 20705

Outstanding Balance Beginning This Period

2189.25

Transaction ID: SD10.175174

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2189.25

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Unity DesignNature of Debt (Purpose):  
Convention Logo DesignMailing Address Upton Ethelbah  
13201 Amarillo AveCity State ZIP Code  
Austin TX 78729

Outstanding Balance Beginning This Period

500.00

Transaction ID: SD10.180629

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

**1) SUBTOTALS** This Period This Page (optional).....

3254.05

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 153 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
US LECNature of Debt (Purpose):  
Data and Telephone Services

Mailing Address PO Box 60130

City State ZIP Code  
Charlotte NC 28260-1310

Outstanding Balance Beginning This Period

554.15

Transaction ID: SD10.177693

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

554.15

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
US LECNature of Debt (Purpose):  
Telecom and Data Services

Mailing Address PO Box 60130

City State ZIP Code  
Charlotte NC 28260-1310

Outstanding Balance Beginning This Period

552.39

Transaction ID: SD10.180631

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

552.39

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Walton PressNature of Debt (Purpose):  
Printing/Mailing Non CandidateMailing Address 402 Mayfield Dr  
PO Box 966City State ZIP Code  
Monroe GA 30655

Outstanding Balance Beginning This Period

2115.74

Transaction ID: SD10.175175

Amount Incurred This Period

0.00

Payment This Period

2115.74

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

1106.54

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 154 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Walton PressNature of Debt (Purpose):  
Non Candidate Printing/Ma-  
ilingMailing Address 402 Mayfield Dr  
PO Box 966City State ZIP Code  
Monroe GA 30655

Outstanding Balance Beginning This Period

3328.43

Transaction ID: SD10.177689

Amount Incurred This Period

0.00

Payment This Period

3328.43

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WAR1 - Warner, Norcross & JuddNature of Debt (Purpose):  
Legal ServicesMailing Address 111 Lyon St NW  
Fifth Third Center STE #900City State ZIP Code  
Grand Rapids MI 49503-2487

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD10.175176

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WAR1 - Warner, Norcross & JuddNature of Debt (Purpose):  
Legal ServicesMailing Address 111 Lyon St NW  
Fifth Third Center STE #900City State ZIP Code  
Grand Rapids MI 49503-2487

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD10.177690

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**1) SUBTOTALS** This Period This Page (optional).....

5000.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 155 / 158

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Libertarian National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WAR1 - Warner, Norcross & JuddNature of Debt (Purpose):  
Legal ServicesMailing Address 111 Lyon St NW  
Fifth Third Center STE #900City State ZIP Code  
Grand Rapids MI 49503-2487

Outstanding Balance Beginning This Period

2694.69

Transaction ID: SD10.180632

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2694.69

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WAR1 - Warner, Norcross & JuddNature of Debt (Purpose):  
Legal ServicesMailing Address 111 Lyon St NW  
Fifth Third Center STE #900City State ZIP Code  
Grand Rapids MI 49503-2487

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.183661

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Washington Pension CenterNature of Debt (Purpose):  
401 K Plan Fee

Mailing Address 7315 Wisconsin Ave Ste 500 West

City State ZIP Code  
Bethesda MD 20814-3206

Outstanding Balance Beginning This Period

100.00

Transaction ID: SD10.175121

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

**1) SUBTOTALS** This Period This Page (optional).....

5294.69

**2) TOTALS** This Period (last page this line number only).....

138126.64

**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Form/Schedule: **F3XA**

Transaction ID:

Please note the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate. 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is corrected in a subsequent amendment filed by the next regularly scheduled reporting date. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.

Form/Schedule: **SA17**

Purchase of LP Material Sales Inventory at Fair Market Value

Transaction ID: **SA17.183624**

Form/Schedule:**SD9** (Current loan balance of 20.00 has been forgiven) (A previous settlement of 20.00 has been rescinded) (Current  
Transaction ID: **SD9.15703** loan balance of 20.00 has been forgiven)

Form/Schedule:**SD9** (Current loan balance of 25.00 has been forgiven)  
Transaction ID: **SD9.19679**

Image# 27960045068

Form/Schedule:SD10      A credit of \$24,188.93 has been issued by the vendor as settlement for disputed charges on this account, resulting in a reduction of the current debt balance of \$1,365.19.  
Transaction ID: SD10.130069

Form/Schedule:SD10      Debt is no longer in dispute.  
Transaction ID: SD10.175109